

DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT

P.O. Box 1947
Sacramento, CA 95812-1947
(916) 576-7109
(916) 263-1406 (FAX)
(916) 263-1402 (TDD)



To: CSBG Service Providers

From: Pamela Harrison, Chief
Community Services Division

Date: December 1, 2011

Subject: 2012 Community Services Block Grant Contract

Enclosed is your agency's 2012 Community Services Block Grant (CSBG) Contract. The contract term is for one year and is from January 1, 2012 through December 31, 2012. Currently, CSD is operating under a continuing resolution and California's initial Notice of Grant Award is for \$8,060,340. A spreadsheet, which details the 2012 CSBG estimated allocation amounts for all agencies, is incorporated into the Agreement as Attachment III of Exhibit B. When completing your CSBG fiscal data budget forms, please use the amount listed for your agency on the spreadsheet under Column A, "**Total Estimated Allocation for Budgeting**". CSD will issue one working capital advance equal to the full amount of the contract's allocation. The CSBG contract will be amended as additional funds are appropriated.

Changes were made to the CSBG/National Performance Indicator (NPI) Workplan to benefit CSBG agencies and improve efficiency. CSD will be conducting a three-part web based training in December to review the 2012 CSBG Contract. Agency staff is strongly encouraged to participate and receive training on all components of the 2012 contract. Please mark your calendars and plan to participate in the webinars which will be conducted on the following dates.

Part I (Contract Overview Training):

December 14, 2011 from 10:00 am – 12:00 pm.

Part II (Budget Series Training):

December 15, 2011 from 10:00 am – 11:30 am.

Part III (CSBG/NPI Workplan Training):

December 15, 2011 1:30 pm – 3:00 pm.

Listed below is a summary of changes to the 2012 CSBG Contract. However, CSD encourages each contractor to review the contract in its entirety.

Exhibit B

- 2. A. Budget – Language was added to provide Contractors the option of submitting other agency operating funds on the new CSD. 425 1.3. This form was added to the budget series as Attachment I to Exhibit B to provide consistency in the reporting and review of Contractor's funding sources.
- CSBG/NPI Workplan (CSD 801 W). The form was revised to solely capture the contract workplan (projections).
- CSBG/NPI Programs Report (CSD 801). The 801 form was revised to function as the mid-year and annual report.
- CSD Client Characteristic report (CSD 295). The CSD 295 was added as Attachment III to Exhibit B. Additionally, CSD 295 reporting dates were changed. The report is to be submitted with the mid-year and annual report.

Exhibit D

- Attachment II - The Executive Director and Board Roster (CSD 188) is a new contract form. The form was developed to provide standardization in reporting. It is to be completed and returned with the contract.
- D. 8.A. (2) - Language was added to clarify the board requirements for Native American Indian (NAI) Contractors. NAI's must submit to CSD their board processes for composition of the board. This includes the assurance of participation from low-income individuals in the management of programs funded by this agreement.
- D.8.A.(3) - Language was added that requires Limited Purpose Agencies (LPA's) to submit a current roster of the board and the most recent version of the organizational bylaws.
- D.11.D - Language was clarified for the Commercial or Government Crime Coverages (Fidelity Bond) insurance requirements.

Please contact your Field Representative with any questions regarding your 2012 CSBG contract.

Attachments

DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT

P.O. Box 1947
Sacramento, CA 95812-1947
(916) 576-7109
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December 1, 2011

To All Community Services Block Grant Contractors:

2012 Community Services Block Grant Contract (CSBG)

Enclosed is your agency's contract packet for the 2012 Community Services Block Grant Program. It includes a table of contents, and two complete copies of the contract (Std. 213 face sheet, exhibits, and attachments).

In order to expedite the execution of your contract packet, please observe the following instructions, and feel free to use this letter as a checklist.

- ☐ **Submit a governing board resolution with an original signature of your board's authorized representative.** The board's resolution must identify whom it has authorized to sign the 2012 CSBG contract and any amendments.
- ☐ Complete the section labeled "CONTRACTOR'S NAME" on both Std. 213 face sheets. Print or type the name and title of the person who is authorized to sign the contract. Print the date signed. Ensure that **your agency's authorized representative has signed both face sheets**. Your agency's authorized representative is the person whom the governing board has specified in its resolution as the official representative to sign the 2012 CSBG contract and, if applicable, any amendments.

The Std. 213, Standard Agreement must remain unchanged; CSD is not able to process contracts that have been changed by an agency. If you see the need to make changes to any part of the contract (including the contract's Std. 213 face sheet), please contact your Field Representative. Do not use correction fluid or tape.

- ☐ The following exhibits are part of the contract packet. Please complete, sign, and return both copies with the contract packet.

Exhibit A SCOPE OF WORK

Exhibit B BUDGET DETAIL AND PAYMENT PROVISIONS
(ATTACHMENT I, CSBG FISCAL DATA (CSD 425.S, 425.1.1, 425.1.2, 425.1.3)
(ATTACHMENT II, CSBG NPI WORKPLAN (CSD 801 W)
(ATTACHMENT IV, CONTRACT YEAR 2012 ALLOCATION
SPREADSHEET)

Exhibit C GENERAL TERMS AND CONDITIONS (GTC)

Exhibit D SPECIAL TERMS AND CONDITIONS (STC)
(ATTACHMENT I, CSD SUPPLEMENTAL AUDIT GUIDE)
(ATTACHMENT II, EXECUTIVE DIRECTOR AND BOARD ROSTER)

Exhibit E ADDITIONAL PROVISIONS

Exhibit F DEFINITIONS

**Exhibit G CERTIFICATION REGARDING LOBBYING/DISCLOSURE OF LOBBYING
ACTIVITIES** (signed by authorized representative as designated by the board
resolution)

Note: Exhibit B, ATTACHMENT II, CSBG/NPI PROGRAMS REPORT,
CSD 801 does not need to be returned with the contract.

Exhibit B, ATTACHMENT III, CSBG CLIENT CHARACTERISTIC DATA,
CSD 295 does not need to be returned with the contract.

The following documents are also required with the 2012 contract submission.

- ☐ Submit one (1) copy with original signature of the attached Contractor Certification Clauses (CCC) 307 with the signed contract documents. **The CCC 307 must be signed by the authorized representative designated by the board resolution.** The CCC package contains clauses and conditions that apply to your agreement and to persons doing business with the State of California (see Exhibit D, STC, provision 2.A. CERTIFICATIONS). The CCC will be kept on file in a central location and must be renewed every three (3) years and updated as changes occur. The CCC 307 (Standard Contract Language) can be found online at: <http://www.dgs.ca.gov/Default.aspx?alias=www.dgs.ca.gov/ols>
- ☐ Submit one (1) completed copy of the attached Payee Data Record, Std. 204 with original signature along with the contract. The Department of Community Services and Development needs the Payee Data Record in order to enter into the State of California's payment system. In completing the Payee Data Record, please be sure to use your agency's full, legal name. The Std. 204 can be found online at: <http://www.documents.dgs.ca.gov/osp/pdf/std204.pdf>

- ☐ When you return the contract packet to CSD, please arrange all pages, including the Std. 213 face sheets, exhibits, and attachments in the same order in which you received them. Include your CCC 307, Std. 204, board resolution, insurance and fidelity bond documents at the top of the stack, and, if desired, a transmittal letter, but do not staple or otherwise attach these documents to the contracts themselves.
- ☐ Please return **both completed contract packets with the signed CCC 307 and Std. 204** within 30 days (45 days for public agencies) to:

Contract Services Unit
Department of Community Services and Development
P.O. Box 1947
Sacramento, CA 95812-1947

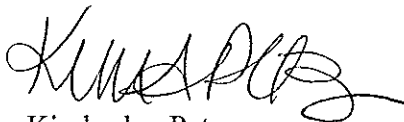
When sending documents via overnight mail, please use CSD's street address as shown on the face sheet.

Please keep in mind that in order for CSD to execute your contract, all of your agency's contract documents must be complete. Authorized persons must sign the board resolution, both face sheets, and applicable exhibits and attachments.

Except as waived for self-insured governmental entities, the Certificate of Liability Insurance must name CSD as the Certificate Holder and as an additional insured, except for workers' compensation and fidelity bond. Insurance documents that are on file at CSD must be current or replaced. Coverage must include workers' compensation insurance, fidelity bond, general liability, and vehicle insurance. For questions regarding insurance coverage, you may contact Abigail Churchill of my staff at (916) 576-5316.

If you have questions regarding the contracting process, you may contact Ramonda Ramos of my staff at (916) 576-1852. For questions regarding contractual requirements, reporting forms, or other requirements, please contact your Field Representative.

Sincerely,



Kimberley Petz
Manager, Contract Services Unit

KP:RR
Enclosures

CCC-307

CERTIFICATION

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

| | | |
|---|----------------------------------|--------------------------|
| <i>Contractor/Bidder Firm Name (Printed)</i> | | <i>Federal ID Number</i> |
| <i>By (Authorized Signature)</i> | | |
| <i>Printed Name and Title of Person Signing</i> | | |
| <i>Date Executed</i> | <i>Executed in the County of</i> | |

CONTRACTOR CERTIFICATION CLAUSES

1. STATEMENT OF COMPLIANCE: Contractor has, unless exempted, complied with the nondiscrimination program requirements. (Gov. Code §12990 (a-f) and CCR, Title 2, Section 8103) (Not applicable to public entities.)

2. DRUG-FREE WORKPLACE REQUIREMENTS: Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.

b. Establish a Drug-Free Awareness Program to inform employees about:

- 1) the dangers of drug abuse in the workplace;
- 2) the person's or organization's policy of maintaining a drug-free workplace;
- 3) any available counseling, rehabilitation and employee assistance programs; and,
- 4) penalties that may be imposed upon employees for drug abuse violations.

c. Every employee who works on the proposed Agreement will:

- 1) receive a copy of the company's drug-free workplace policy statement; and,
- 2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the Contractor has made false certification, or violated the

certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

3. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court, which orders Contractor to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)

4. CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT: Contractor hereby certifies that contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lesser of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

5. EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

6. SWEATFREE CODE OF CONDUCT:

a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at www.dir.ca.gov, and Public Contract Code Section 6108.

b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations,

or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a).

7. DOMESTIC PARTNERS: For contracts over \$100,000 executed or amended after January 1, 2007, the contractor certifies that contractor is in compliance with Public Contract Code section 10295.3.

DOING BUSINESS WITH THE STATE OF CALIFORNIA

The following laws apply to persons or entities doing business with the State of California.

1. CONFLICT OF INTEREST: Contractor needs to be aware of the following provisions regarding current or former state employees. If Contractor has any questions on the status of any person rendering services or involved with the Agreement, the awarding agency must be contacted immediately for clarification.

Current State Employees (Pub. Contract Code §10410):

- 1). No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.
- 2). No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

Former State Employees (Pub. Contract Code §10411):

- 1). For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.
- 2). For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the 12-month period prior to his or her leaving state service.

If Contractor violates any provisions of above paragraphs, such action by Contractor shall render this Agreement void. (Pub. Contract Code §10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

2. LABOR CODE/WORKERS' COMPENSATION: Contractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and Contractor affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

3. AMERICANS WITH DISABILITIES ACT: Contractor assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)

4. CONTRACTOR NAME CHANGE: An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.

b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.

c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

6. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.

7. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

8. PAYEE DATA RECORD FORM STD. 204: This form must be completed by all contractors that are not another state agency or other governmental entity.

PAYEE DATA RECORD(Required when receiving payment from the State of California in lieu of IRS W-9)
STD. 204 (Rev. 6-2003)

| | | | | | | | | | |
|---|--|--|---|---|-----------------------|------------------------|-------------------------|------------------------------|------------------------------|
| 1 | INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more Information and Privacy Statement. NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form. | | | | | | | | |
| 2 | PAYEE'S LEGAL BUSINESS NAME (Type or Print) _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)</td> <td style="width: 40%;">E-MAIL ADDRESS</td> </tr> <tr> <td>MAILING ADDRESS</td> <td>BUSINESS ADDRESS</td> </tr> <tr> <td>CITY, STATE, ZIP CODE</td> <td>CITY, STATE, ZIP CODE</td> </tr> </table> | | | SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.) | E-MAIL ADDRESS | MAILING ADDRESS | BUSINESS ADDRESS | CITY, STATE, ZIP CODE | CITY, STATE, ZIP CODE |
| SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.) | E-MAIL ADDRESS | | | | | | | | |
| MAILING ADDRESS | BUSINESS ADDRESS | | | | | | | | |
| CITY, STATE, ZIP CODE | CITY, STATE, ZIP CODE | | | | | | | | |
| 3 | PAYEE ENTITY TYPE CHECK ONE BOX ONLY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER: | ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): _____ CORPORATION: <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) <input type="checkbox"/> ALL OTHERS _____ (SSN required by authority of California Revenue and Tax Code Section 18646) | NOTE: Payment will not be processed without an accompanying taxpayer I.D. number. | | | | | | |
| 4 | PAYEE RESIDENCY STATUS <input type="checkbox"/> California resident - Qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding. <input type="checkbox"/> No services performed in California. <input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached. | | | | | | | | |
| 5 | I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)</td> <td style="width: 40%;">TITLE</td> </tr> <tr> <td>SIGNATURE</td> <td>DATE</td> </tr> <tr> <td></td> <td>TELEPHONE ()</td> </tr> </table> | | | AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) | TITLE | SIGNATURE | DATE | | TELEPHONE () |
| AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) | TITLE | | | | | | | | |
| SIGNATURE | DATE | | | | | | | | |
| | TELEPHONE () | | | | | | | | |
| 6 | Please return completed form to: Department/Office: Department of Community Services and Development Unit/Section: Contract Services Unit Mailing Address: P.O. Box 1947 City/State/Zip: Sacramento, CA 95812-1947 Telephone: () Fax: () E-mail Address: | | | | | | | | |

PAYEE DATA RECORD

STD. 204 (Rev. 6-2003) (REVERSE)

| | | | | | | | | | |
|--|---|--|---------------------|-----------------|---------------------|--------------------------------------|----------------|----------|----------------|
| 1 | <p><u>Requirement to Complete Payee Data Record, STD. 204</u></p> <p>A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.</p> <p>Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.</p> | | | | | | | | |
| 2 | <p>Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.</p> | | | | | | | | |
| 3 | <p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p> | | | | | | | | |
| 4 | <p><u>Are you a California resident or nonresident?</u></p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:</p> <table border="0"> <tr> <td>Withholding Services and Compliance Section:</td> <td>1-888-792-4900</td> <td>E-mail address:</td> <td>wscs.gen@ftb.ca.gov</td> </tr> <tr> <td>For hearing impaired with TDD; call:</td> <td>1-800-822-6268</td> <td>Website:</td> <td>www.ftb.ca.gov</td> </tr> </table> | Withholding Services and Compliance Section: | 1-888-792-4900 | E-mail address: | wscs.gen@ftb.ca.gov | For hearing impaired with TDD; call: | 1-800-822-6268 | Website: | www.ftb.ca.gov |
| Withholding Services and Compliance Section: | 1-888-792-4900 | E-mail address: | wscs.gen@ftb.ca.gov | | | | | | |
| For hearing impaired with TDD; call: | 1-800-822-6268 | Website: | www.ftb.ca.gov | | | | | | |
| 5 | <p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p> | | | | | | | | |
| 6 | <p>This section must be completed by the State agency requesting the STD. 204.</p> | | | | | | | | |
| | <p><u>Privacy Statement</u></p> <p>Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.</p> <p>It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to \$20,000.</p> <p>You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the State agency(ies) with which you transact that business.</p> <p>All questions should be referred to the requesting State agency listed on the bottom front of this form.</p> | | | | | | | | |

**DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
2012 COMMUNITY SERVICE BLOCK GRANT
TABLE OF CONTENTS**

EXHIBIT A, SCOPE OF WORK

| | | |
|----|--|----|
| 1. | <u>COMPLIANCE</u> | A1 |
| 2. | <u>REQUIREMENTS, STANDARDS, AND GUIDELINES</u> | A1 |
| 3. | <u>CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER</u> | A2 |
| 4. | <u>SERVICE AREA</u> | A2 |
| 5. | <u>ADDRESSES</u> | A2 |

EXHIBIT B, BUDGET DETAIL AND PAYMENT PROVISIONS

| | | |
|----|--|----|
| 1. | <u>TERM AND AMOUNT OF AGREEMENT</u> | B1 |
| 2. | <u>BUDGET</u> | B1 |
| 3. | <u>ADVANCE PAYMENT</u> | B2 |
| 4. | <u>BUDGET CONTINGENCIES</u> | B3 |
| 5. | <u>PAYMENTS AND REPORTING REQUIREMENTS</u> | B4 |
| 6. | <u>SCHEDULE OF ATTACHMENTS</u> | B6 |
| | • ATTACHMENT I, CSBG FISCAL DATA (CSD 425.S, 425.1.1, 425.1.2, 425.1.3) | |
| | • ATTACHMENT II, CSBG NPI WORKPLAN (CSD 801 W) & CSBG/NPI PROGRAMS REPORT (CSD 801) | |
| | • ATTACHMENT III, CSBG CLIENT CHARACTERISTIC DATA (CSD 295) | |
| | • ATTACHMENT IV, CONTRACT YEAR 2012 ALLOCATION SPREADSHEET | |
| 7. | <u>FORMS</u> | B7 |

EXHIBIT C, GENERAL TERMS AND CONDITIONS (GTC – 610)

| | | |
|-----|---|----|
| 1. | <u>APPROVAL</u> | C1 |
| 2. | <u>AMENDMENT</u> | C1 |
| 3. | <u>ASSIGNMENT</u> | C1 |
| 4. | <u>AUDIT</u> | C1 |
| 5. | <u>INDEMNIFICATION</u> | C1 |
| 6. | <u>DISPUTES</u> | C1 |
| 7. | <u>TERMINATION FOR CAUSE</u> | C2 |
| 8. | <u>INDEPENDENT CONTRACTOR</u> | C2 |
| 9. | <u>NON-DISCRIMINATION CLAUSE</u> | C2 |
| 10. | <u>CERTIFICATION CLAUSES</u> | C2 |
| 11. | <u>TIMELINESS</u> | C2 |
| 12. | <u>COMPENSATION</u> | C3 |
| 13. | <u>GOVERNING LAW</u> | C3 |
| 14. | <u>CHILD SUPPORT COMPLIANCE ACT</u> | C3 |
| 15. | <u>UNENFORCEABLE PROVISION</u> | C3 |
| 16. | <u>PRIORITY HIRING CONSIDERATIONS</u> | C3 |

EXHIBIT D, SPECIAL TERMS AND CONDITIONS

| | | |
|----|---|----|
| 1. | <u>TRAVEL AND PER DIEM</u> | D1 |
| 2. | <u>CERTIFICATIONS</u> | D1 |
| 3. | <u>INTERNAL CONTROL CERTIFICATION</u> | D2 |

| | | |
|-----|---|-----|
| 4. | <u>CONFLICT OF INTEREST</u> | D2 |
| 5. | <u>CODES OF CONDUCT</u> | D3 |
| 6. | <u>COMPLIANCE MONITORING</u> | D3 |
| 7. | <u>SPECIAL CONDITIONS FOR ENTITIES NOT MEETING TERMS OF THE AGREEMENT</u> | D4 |
| 8. | <u>BOARD ROSTER, BYLAWS, RESOLUTION AND MINUTES</u> | D4 |
| 9. | <u>AUDITING STANDARDS AND REPORTS</u> | D6 |
| | • ATTACHMENT I, SUPPLEMENTAL AUDIT GUIDE | |
| | • ATTACHMENT II, EXECUTIVE DIRECTOR AND BOARD ROSTER (CSD 188) | |
| 10. | <u>SUBCONTRACTS</u> | D8 |
| 11. | <u>INSURANCE</u> | D9 |
| 12. | <u>AGREEMENT CHANGES</u> | D12 |
| 13. | <u>SYSTEM SECURITY REQUIREMENTS</u> | D13 |
| 14. | <u>SCHEDULE OF ATTACHMENTS</u> | D15 |

EXHIBIT E, ADDITIONAL PROVISIONS

| | | |
|-----|---|----|
| 1. | <u>FEDERAL CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND RELATED MATTERS</u> | E1 |
| 2. | <u>PROCUREMENT</u> | E2 |
| 3. | <u>AFFIRMATIVE ACTION COMPLIANCE</u> | E4 |
| 4. | <u>NONDISCRIMINATION COMPLIANCE</u> | E4 |
| 5. | <u>SPECIFIC ASSURANCES</u> | E5 |
| 6. | <u>RIGHT TO MONITOR, AUDIT, AND INVESTIGATE</u> | E6 |
| 7. | <u>RECORD-KEEPING</u> | E6 |
| 8. | <u>ADMINISTRATIVE HEARING FOR DENIAL OF CLIENT BENEFITS BY CONTRACTOR</u> | E7 |
| 9. | <u>CSBG TERMS, CONDITIONS AND PROVISIONS FISCAL YEAR 2012</u> | E7 |
| 10. | <u>CENTRAL CONTRACTOR REGISTRATION AND UNIVERSAL IDENTIFIER (DUNS) REQUIREMENTS</u> | E9 |

EXHIBIT F – DEFINITIONS

F1

EXHIBIT G - CERTIFICATION REGARDING LOBBYING/DISCLOSURE OF LOBBYING ACTIVITIES, STD. FORM LLL

G1

STATE OF CALIFORNIA
STANDARD AGREEMENT
STD. 213 (Rev. 6/03)

| | |
|-----------------------------------|------------------------------|
| AGREEMENT NUMBER 12F-44 | AMENDMENT NUMBER 0 |
| REGISTRATION NUMBER | |

1. This Agreement is entered into between the State Agency and the Contractor named below
STATE AGENCY'S NAME
Department of Community Services and Development
CONTRACTOR'S NAME
2. The term of this Agreement is: **January 1, 2012 through December 31, 2012**
3. The maximum amount of this Agreement is: **\$**
4. The parties agree to comply with the terms and conditions of the following exhibits that are by this reference made a part of the Agreement:

Exhibit A - Scope of Work

Exhibit B - Budget Detail and Payment Provisions

Attachment I, CSBG Fiscal Data

Attachment II, CSBG/National Performance Indicators (NPI) Workplan &
CSBG/NPI Programs Report

Attachment III, CSBG Client Characteristic Data

Attachment IV, Contract Year 2012 Allocation Spreadsheet

Exhibit C - General Terms and Conditions

Exhibit D - Special Terms and Conditions

Attachment I, CSD Supplemental Audit Guide

Attachment II, Executive Director and Board Roster

Exhibit E - Additional Provisions

Exhibit F - Definitions

Exhibit G - Certification Regarding Lobbying, Disclosure of Lobbying Activities

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

CALIFORNIA
Department of General Services
Use Only

CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)

BY (Authorized Signature)

DATE SIGNED (Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

ADDRESS

STATE OF CALIFORNIA

AGENCY NAME

Department of Community Services and Development

BY (Authorized Signature)

DATE SIGNED (Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

Jean Johnson, Deputy Director, Administrative Services

ADDRESS

2389 Gateway Oaks Drive, Suite 100, Sacramento, California 95833

"I hereby certify that all conditions for exemption have been complied with, and this document is exempt from the Department of General Services approval."

☐ Exempt per _____

EXHIBIT A
(Standard Agreement)

SCOPE OF WORK:

1. **COMPLIANCE**

All services and activities are to be provided in accordance with all applicable federal and State laws and regulations as amended from time to time including, but not limited to, the following:

- A. The Community Services Block Grant Act, 42 U.S.C. §§ 9901 et seq., and 45 Code of Federal Regulation (CFR) Part 96;
- B. The California Community Services Block Grant Program, Government Code §§ 12725 et seq., and Title 22, California Code of Regulations (CCR), §§ 100601 et seq.; and
- C. The Single Audit Act, 31 U.S.C. §§ 7301 et seq., and Office of Management and Budget (OMB)

2. **REQUIREMENTS, STANDARDS AND GUIDELINES**

Federal law requires the State to establish fiscal control and fund accounting procedures and to ensure that the cost and accounting standards of the OMB apply to recipients of CSBG funds.

Contractor agrees to apply all of the requirements, standards, and guidelines contained in the following authorities, as they may be amended from time to time, to all of the procurement, administrative, and other costs claimed under this Agreement, including those costs under subcontracts to this Agreement, notwithstanding any language contained in the following authorities that might otherwise exempt Contractor from their applicability.

To the extent that the federal requirements, standards, or guidelines directly conflict with any State law or regulation at Government Code §§ 12725, et seq., or 22 CCR §§ 100601, et seq., or any specific provision of this Agreement, then that federal law, regulation, or provision shall apply instead:

- A. OMB Circular A-102 (Common Rule for State and Local Governments), as codified by the Department of Health and Human Services (HHS) at 45 CFR Part 92;
- B. OMB Circular A-110 (Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and other Non-Profit Organizations), as codified by HHS at 45 CFR Part 74;
- C. OMB Circular A-87 (Cost Principles for State, Local and Indian Tribal Governments);
- D. OMB Circular A-122 (Cost Principles for Non-Profit Organizations)

EXHIBIT A
(Standard Agreement)

3. FEDERAL CATALOG DOMESTIC ASSISTANCE NUMBER

The Community Services Block Grant Act, Catalog of Federal Domestic Assistance number is 93.569. The award is made available through the United States Department of Health and Human Services.

4. SERVICE AREA

The services shall be performed in the following service area:

PARC INSERT

5. ADDRESSES

Send all correspondence to:

| | |
|------------------|--|
| State Agency: | Department of Community Services and Development |
| Section/Unit: | Field Operations Services |
| Mailing Address: | Post Office Box 1947 |
| | Sacramento, CA 95812-1947 |
| Address: | 2389 Gateway Oaks Drive, Suite 100 |
| | Sacramento, CA 95811-0336 |
| Phone: | (916) 576-7109 |
| Fax: | (916) 263-1406 |

EXHIBIT B
(Standard Agreement)

BUDGET DETAIL AND PAYMENT PROVISIONS

1. **TERM AND AMOUNT OF AGREEMENT**

As specified on the face sheet of this Agreement (Std. 213), the term of this Agreement is for one year and covers the period January 1, 2012 through December 31, 2012.

The Maximum Amount specified on the initial face sheet of this Agreement is based on a partial allocation of the federal Community Services Block Grant for federal fiscal year (FFY) 2012, awarded to the State pursuant to one or more continuing resolutions passed by the Congress prior to the execution of this Agreement. Upon the issuance of each subsequent federal allocation, including the full annual allocations to the State for FFY 2012, CSD shall issue an amendment to this Agreement to increase the Maximum Amount by the amount to be distributed to Contractor as calculated pursuant to Government Code § 12759. At no time during the term of this Agreement shall Contractor expend more than the Maximum Amount, as that amount may be amended from time to time.

2. **BUDGET**

A. Concurrent with the submission of this Agreement, Contractor shall complete and submit the CSBG Fiscal Data forms [CSBG Contract Budget Summary (CSD 425.S), CSBG Budget Support - Personnel Costs (CSD 425 1.1), CSBG Budget Support - Non Personnel Costs (CSD 425 1.2), and CSBG Budget Support - Other Agency Operating Funds (CSD 425 1.3)] attached to this Exhibit B. Pursuant to the instructions for CSD 425.S, Contractor must include an itemized list identifying all other funding sources and amounts that make up the total annual operating budget of the community action program(s). Notwithstanding any other provision of this paragraph, Contractor may submit the itemized list of other funding sources by either of the following methods: 1) completing the attached form (CSD 425 1.3), or 2) submitting an internal annual budget document displaying the funding sources and their anticipated revenues.

B. Contractor shall submit a justification for all projected expenditures in the budget, including a detailed budget narrative justifying expenditures in connection with budget support personnel and related non-personnel costs. The justification must be appended to the CSD 425.S.

C. Administrative Expenses

For the purpose of administrative expenditures, Contractor shall use funds allocated under this Agreement in an amount not to exceed twelve percent (12%) of the total operating funds of its community action program(s). Contractor shall not use funds provided under this Agreement to cover administrative costs

EXHIBIT B
(Standard Agreement)

incurred in the Low-Income Home Energy Assistance Program (LIHEAP) in excess of the LIHEAP contractual limitations.

- D. To the extent that 22 CCR § 100715(a) requires prior approval by CSD for any change that exceeds ten percent (10%) of an originally approved budget line item, CSD's execution of this Agreement hereby constitutes that prior approval, and the Contractor may make discretionary changes to the Budget Summary that exceed 10% for any line item, subject to all other applicable federal and State law and regulation and generally accepted standards of accounting. (See Exhibit D.1 Travel/Per Diem and Exhibit D.12(B) Modification for special terms and conditions).

3. ADVANCE PAYMENTS

- A. Upon execution of this Agreement or any Amendments thereto, CSD shall issue an advance payment to Contractor not to exceed one hundred percent (100%) of the Maximum Amount of this Agreement. In no case, however, shall the advance payment exceed twenty-five percent (25%) of the total consideration payable to Contractor per the final Amendment to this Agreement in accordance with CA Gov. Code Section 12781(b). In the event that Contractor has already received (an) advance payment(s) totaling twenty-five percent (25%) of the Maximum Amount of this Agreement, no further advance payments will be issued.
- B. In the event the Maximum Amount of this Agreement is increased through subsequent amendments based on a notice of grant award for FFY 2012, a subsequent advance payment of the advance amount plus any previous advances already allowed shall not exceed twenty-five percent (25%) of the total estimated allocation as set forth in Exhibit B, Attachment IV, Contract Year 2012 CSBG Allocation Spreadsheet.
- C. "Maximum Amount of this Agreement" is defined as the amount set forth on the Std. 213, Standard Agreement, item 3.
- D. CSD will initiate and pro-rate the repayment process of advanced funds beginning with the seventh monthly (or fourth bimonthly) reporting period of the contract term and ending with the twelfth month of the contract term.
- E. CSD will initiate repayment of advance payments outstanding whenever seventy-five (75%) of the contract allocation has been expended. As applicable to the funding contract term, CSD shall begin applying approved expenditures to the outstanding advance balance thereby offsetting any subsequent reimbursements. CSD shall determine amounts to be offset by applying the balance of the advance equally into the remaining expenditure reporting periods. An exception may occur if the expenditure reports submitted are less than the applied settlement

EXHIBIT B
(Standard Agreement)

formula (as described immediately above). In that case, CSD shall apply the entire reimbursement amounts against the outstanding advance balance.

- F. If the Contractor will not fully expend the full allocation on or before December 31, 2012, the Contractor must complete a CSD 425b, requesting a contract term extension, and submit it to CSD no later than forty-five (45) days prior to the end of the Agreement term.

4. BUDGET CONTINGENCIES

A. State Budget Contingency

- 1) It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Contractor or to furnish any other considerations under this Agreement and Contractor shall not be obligated to perform any provisions of this Agreement.
- 2) If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to Contractor to reflect the reduced amount.

B. Federal Budget Contingency

- 1) It is mutually understood between the parties that this Agreement may have been written for the mutual benefit of both parties before ascertaining the availability of congressional appropriation of funds, to avoid program and fiscal delays that would occur if this Agreement were executed after that determination was made.
- 2) This Agreement is valid and enforceable only if sufficient funds are made available to the State by the United States Government for the federal fiscal year 2012 for the purpose of this program. In addition, this Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Congress or to any statute enacted by the Congress that may affect the provisions, terms, or funding of this Agreement in any manner.
- 3) The parties mutually agree that if the Congress does not appropriate sufficient funds for the program, this Agreement shall be amended to reflect any reduction in funds.

EXHIBIT B
(Standard Agreement)

- 4) CSD has the option to invalidate the Agreement under the 30-day cancellation clause or to amend the Agreement to reflect any reduction in funds.

5. PAYMENT AND REPORTING REQUIREMENTS

A. Monthly/Bimonthly Fiscal Reports

- 1) Contractor shall elect to report and be reimbursed on either a monthly or bimonthly basis by selecting the appropriate box on the CSD 425.S and submitting it with the signed Agreement. The reimbursement cycle will be in effect throughout the term of this Agreement.
- 2) Contractor shall complete and submit to CSD a monthly or bimonthly (as specified by Contractor on the CSD 425.S) CSBG CAA Expenditure/Activity Report by entry onto the web-based Expenditure Activity Reporting System (EARS) on or before the twentieth (20th) calendar day following the report period, regardless of the level of activity or amount of expenditure(s) in the preceding report period. For specific due dates, refer to the CSD web site at www.csd.ca.gov.

B. Payments

CSD shall issue bimonthly/monthly payments (as specified by Contractor on the CSD 425.S) to Contractor upon receipt and approval of a certified CSBG CAA Expenditure/Activity Report. The report shall indicate the actual expenditures being billed to CSD for reimbursement for the specific report interval.

Subsequent payments to Contractor shall be contingent on receipt and approval by CSD of the monthly/bimonthly reimbursement and activity reports. If Contractor owes CSD any outstanding balance(s) for overpayments of any Contract, current or previous, the balance(s) will be offset based on arrangements made with the Contractor.

C. Mid-Year Programmatic Report

- 1) The midyear programmatic reports cover the programmatic activities from January 1, 2012, through June 30, 2012. Contractor shall complete and submit to CSD the midyear CSBG/NPI Programs Report (CSD 801) and the Client Characteristic Report (CSD 295).
- 2) The midyear CSBG/NPI Programs Report (CSD 801) and Client Characteristic Report (CSD 295) shall be submitted via e-mail no later than July 20, 2012, to CSBGReports@csd.ca.gov

EXHIBIT B
(Standard Agreement)

D. Annual Programmatic Reports

- 1) The annual programmatic reports cover the programmatic activities from January 1, 2012, through December 31, 2012. Contractor shall complete and submit to CSD the CSBG/NPI Programs Report (**CSD 801**) and Client Characteristic Report (**CSD 295**).
- 2) The annual programmatic CSBG/NPI Programs Report (**CSD 801**) and Client Characteristic Report (**CSD 295**) shall be submitted via e-mail no later than January 20, 2013, to CSBGReports@csd.ca.gov.

E. Community Services Block Grant Information Survey (CSBG/IS)

- 1) The CSBG/IS covers the period of January 1, 2012, through December 31, 2012. Contractor shall complete and submit to CSD annually: CSBG Fiscal Data—Other Funds (CSD 425.OF), CSBG Fiscal Data—Other Resources (CSD 425.OR), and CSBG Program and Management Accomplishments (CSD 090).
- 2) The CSBG/IS shall be submitted via e-mail no later than March 1, 2013, to: CSBGIS@csd.ca.gov.

F. Community Action Plan

Contractor submitted to CSD a community action plan for the Contract Years 2012 and 2013, as outlined in Government Code §12747.

G. Close-Out Report

Contractor shall submit all of the appropriate CSD closeout forms within ninety (90) calendar days after the expiration date of this Agreement. Final reimbursement to Contractor, if owed, shall be contingent upon receipt of the closeout report by CSD.

- 1) The closeout report shall include the following forms: CSBG Contract Closeout Checklist and Certification of Documents Transmitted (CSD 715), Close-Out Program Income/Interest Earned Expenditure Report (CSD 715C), Close-Out Equipment Inventory Schedule (CSD 715D).

EXHIBIT B
(Standard Agreement)

- 2) Final expenditures must be submitted by entry onto EARS.
- 3) All adjustments must reflect the actual expenditure period and be submitted by entry onto EARS.
- 4) Subsequent payments for CSBG expenditures and the issuance of other CSD contracts shall be contingent upon timely submission of the closeout report.

H. Transparency Act Reporting

In accordance with requirements of the Federal Funding Accountability and Transparency Act (FFATA), Contractors that 1) are not entities required by the IRS to file annually a Form 990 federal return, 2) receive at least 80% of their annual gross revenues from federal sources (excluding any ARRA funds), and 3) have annual gross revenues totaling \$25,000,000.00 or more from federal grants, contracts, or other federal sources (excluding any ARRA funds), shall provide to CSD a current list of names and total compensation of Contractor's top five (5) highly compensated officials/employees. The list shall be provided with the executed copy of the Agreement returned to CSD. This requirement applies only to Contractors that fall within all three categories set forth in this paragraph.

6. SCHEDULE OF ATTACHMENTS

The following attachments to this exhibit are hereby attached and incorporated by this reference:

A. Attachment I

Concurrent with the submission of this Agreement, Contractor shall complete and submit to CSD a description of projected spending for the term of this Agreement on the following forms, known as the CSBG Fiscal Data Series, which shall be attached to this Exhibit B as Attachment I:

| | |
|---|-------------|
| CSBG Contract Budget (Summary) | CSD 425.S |
| Budget Support (Personnel) | CSD 425.1.1 |
| Budget Support (Non Personnel) | CSD 425.1.2 |
| Budget Support (Other Agency Operating Funds) | CSD 425.1.3 |

EXHIBIT B
(Standard Agreement)

B. Attachment II

Contractor shall also complete and submit to CSD the CSD 801(W), which shall reflect a description of projections for the 2012 Contract Year, and which shall be attached to this Exhibit B as Attachment II. This information will be used to monitor the outcome of the identified National Performance Indicators relevant to Contractor's programs, activities, problem statement, and delivery strategies.

Additionally, contractors shall complete and submit the CSD 801 to report program activities and outcomes. *(The CSD 801 does not need to be returned with the contract.)*

C. Attachment III

Contractor shall also complete and submit to CSD the CSD 295, which captures demographical data on clients served by the contractor's programs.
(The CSD 295 does not need to be returned with the contract.)

D. Attachment IV

This spreadsheet details the allocation of the Contract Year 2012 CSBG award and the first available advances.

7. FORMS

The latest version of all forms identified in and/or required by this Agreement are available on the Contractor's Portal on the CSD website at www.csd.ca.gov.

EXHIBIT B
(Standard Agreement)

ATTACHMENT I

CSBG FISCAL DATA

| | |
|---|-------------|
| CSBG Contract Budget (Summary) | CSD 425 S |
| Budget Support | CSD 425 1.1 |
| Budget Support | CSD 425 1.2 |
| Budget Support (Other Agency Operating Funds) | CSD 425 1.3 |

ATTACHMENT I CSBG CONTRACT BUDGET SUMMARY

| | | |
|------------------|------------------|------------------|
| Contractor Name: | Contract Number: | Contract Amount: |
| Prepared By: | Contract Term: | Amendment #: |
| Telephone #: | Fax Number: | |
| Date: | E-mail Address: | |

SECTION 10: ADMINISTRATIVE COSTS

| Line Item | Description | CSBG Fund (rounded to the nearest dollar) |
|--|------------------------|--|
| 1 | Salaries and Wages | |
| 2 | Fringe Benefits | |
| 3 | Operating Expenses | |
| 4 | Equipment | |
| 5 | Out-of-State Travel | |
| 6 | Subcontractor Services | |
| 7 | Other Costs: | |
| Subtotal Section 10: Administrative Costs (cannot exceed 12% of the total CSBG allocation in Section 40) | | |

SECTION 20: PROGRAM COSTS

| Line Item | Description | CSBG Funds (rounded to the nearest dollar) |
|------------------------------------|------------------------|---|
| 1 | Salaries and Wages | |
| 2 | Fringe Benefits | |
| 3 | Operating Expenses | |
| 4 | Equipment | |
| 5 | Out-of-State Travel | |
| 6 | Subcontractor Services | |
| 7 | Other Costs: | |
| Subtotal Section 20: Program Costs | | |

| | |
|--|--|
| SECTION 40: Total CSBG Budget Amount (Sum of Subtotal Sections 10 and 20) | |
| SECTION 70: Enter Other Agency Operating Funds Used to Support CSBG | |
| SECTION 80: Agency Total Operating Budget (Sum of Sections 40 and 70) | |
| SECTION 90: CSBG Funds Administrative Percent (Section 10 divided by Section 80) | |

INSTRUCTIONS

ATTACHMENT I CSBG – CONTRACT BUDGET SUMMARY CSD 425.S

**Contact
Information**

Enter the identifying information requested at the top of the report form: contractor's name, contract number, contract amount, contract term, and amendment number (*if applicable*). Enter the preparer's name, telephone number, fax number, date, and e-mail address.

**Reporting
Type**

Check either Monthly or Bi-Monthly expenditure reporting.

SECTION 10: ADMINISTRATIVE COSTS:

Administrative costs consist of any costs directly related to the administration of the CSBG contract. Provide the total CSBG amount budgeted for each line item.

**Salaries &
Wages**

Provide the total dollar amount of salaries and wages dedicated to staff performing administrative duties. Include all payments made to administrative staff, permanent or temporary, as well as all regular and overtime pay, as approved by the contract authority.

**Fringe
Benefits**

Provide the total dollar amount of fringe benefits for staff performing administrative duties. Include all payments made in accordance with approved payroll benefit programs. This includes retirement/pension plans and various other forms of insurances related to employee compensation such as disability, life, health and unemployment. Additionally, payroll taxes, workers' compensation, disability insurance, sick leave and accrued vacation should be included.

**Operating
Expenses**

Provide the total dollar amount for all administrative operating expenses related to CSBG programs. All items must be listed on the CSD 425 1.2 budget support-non personnel cost form. Examples of administrative operating expenses include:

- In-state travel costs
- Building costs (such as rental & lease fees)
- Consumable supply costs
- Utility costs
- Administrative operating costs (such as telephones,

- building alarms, maintenance, etc)
- Supply costs (such as printing, duplication, postage, etc)
- Insurance costs not related to personnel insurance costs
- Additional fees related to the administration of the CSBG Program (such as staff trainings, membership dues, costs incurred due to Board meetings, subscriptions, etc)

Funds spent on contractor/consultant services to meet administrative needs in this area.

Equipment

Provide the total dollar amount for all administrative equipment expenses related to CSBG program. Examples of administrative equipment expenses include:

- All equipment/lease purchases dedicated to administrative needs

List all Equipment/Lease costs on the CSBG Budget Support – Non Personnel Cost CSD 425.1.2 with the detailed information.

Out-of-State Travel

Provide the total dollar amount of travel costs, excluding personnel costs related to administrative tasks incurred during travel outside of the State of California. Complete CSBG Budget Support – Non Personnel Cost CSD 425 1.2 with the name of the conference, location, and cost per trip.

Subcontractor Services

Provide the total dollar amount administered to any subcontracting agencies that provide administrative services. Refer to Exhibit

List all subcontractor costs on the CSBG Budget Support – Non Personnel Cost CSD 425 1.2 with the detailed information. Include the subcontractor name and total amount of contract.

Other Costs

Provide a list of all other administrative costs that do not fit in the above categories, including but not limited to any funds directed towards:

- IT Development. IT Development includes only projects in the development phases. Costs of IT projects in use should be included in Operating Expenses & Equipment above.
- Audit and Legal: As defined by the Cost Principles in OMB Circular A-122.
- Indirect Costs. The indirect cost rate is defined as the dollar value of the approved federal rate and the entire amount can be claimed as long as it is not reimbursed by another

funding source. Please note that if indirect costs are reported the approved Indirect Cost Rate Plan must be submitted.

SUBTOTAL: No keying is required in this field; the total will populate automatically. **Administrative Costs** **Calculation for total:** The sum of line items 1 through 7. Total cannot exceed 12% of the agency total operating budget in Section 80.

SECTION 20: PROGRAM COSTS:

Those costs incurred that are not related to the administrative costs reported above, but are directly related to the operation of the program. Provide the total CSBG amount budgeted for each line item.

Salaries and Wages Provide the total dollar amount of salaries and wages dedicated to staff performing programmatic support activities. Include all payments made to programmatic staff, permanent or temporary, as well as all regular and overtime pay, as approved by the contract authority.

Fringe Benefits Provide the total dollar amount of fringe benefits dedicated to staff performing programmatic support duties. Include all payments made in accordance with approved payroll benefit programs. This includes retirement/pension plans and various other forms of insurances related to employee compensation such as disability, life, health and unemployment. Additionally, payroll taxes, workers' compensation, disability insurance, sick leave and accrued vacation should be included.

Operating Expenses Provide the total dollar amount for all programmatic operating expenses linked with CSBG programs. Include:

- In-state travel costs related to programmatic costs
- Building costs related to programmatic operation (such as rental & lease fees)
- Consumable supply costs
- Programmatic operating costs (such as telephones, building alarms, maintenance, etc)
- Programmatic supply costs (such as printing, duplication, postage, etc)
- Additional fees related to the programmatic operation of the CSBG Program
- Funds spent on contractor/consultant services to meet programmatic needs in this area

| | |
|--------------------------------|--|
| Equipment | <p>Provide the total dollar amount for all programmatic equipment expenses linked with CSBG programs. Include, equipment/lease purchases dedicated to programmatic needs.</p> <p>List all Equipment/Lease costs on the CSBG Budget Support – Non Personnel Cost CSD 425 1.2 with the detailed information.</p> |
| Out-of-State Travel | <p>Provide the total dollar amount of travel costs related to programmatic tasks incurred during travel outside of the State of California. Complete CSBG Budget Support – Non Personnel Cost CSD 425 1.2 with the name of the conference, location, and cost per trip.</p> |
| Subcontractor Services | <p>Provide the total dollar amount paid to any subcontracting agencies that provide programmatic services. List all subcontractors services on the CSBG Budget Support – Non Personnel Cost CSD 425 1.2 with the detailed information. Include the subcontractor name and total amount of contract.</p> |
| Other Costs | <p>Provide a list of all other programmatic costs that do not fit in the categories above, including but not limited to funds directed towards:</p> <ul style="list-style-type: none"> ➤ Direct Client Purchases. Include all direct purchases made with CSBG dollars for items designated specifically for client use. |
| SUBTOTAL: Program Costs | <p>No keying is required in this field; the total will populate automatically. Calculation for total: The sum of line items 1 through 7.</p> |

Budget Summary Totals

SECTION 40 **Total CSBG Budget Amount:**
No keying is required; the total will automatically populate into field.
Calculation for total: The sum of Subtotal Sections 10 (Administrative Costs) and Section 20 (Program Costs). The amount shall not exceed the total CSBG allocated amount.

SECTION 70 **Other Agency Operating Funds Used to Support CSBG:**
Provide the total operating funds used to support the CSBG program administered by the tripartite board. For public community action agencies, all funds under the administration of the advisory or administrative tripartite board should be considered as community action program operating funds. **Complete the Other Agency Operating Funds form (CSD 425 1.3) to provide a complete list of all other agency operating sources and amount that make up the total annual operating budget of the community action program (s).**

SECTION 80 **Agency Total CSBG Operating Budget:**
No keying is required; the total will automatically populate into field.
Calculation for total: The sum of Section 40 (Total CSBG Budget Amount) and Section 80 (Other Agency Operating Funds Used to Support CSBG).

SECTION 90 **CSBG Funds Administrative Percent:**
No keying is required in this field; the percent will populate automatically into the field. **Calculation for percent:** Divide Section 10: Administrative Costs by Section 80: Agency Total Operating Budget. This percentage cannot exceed 12% of the community action program's total operating budget.

| Enter description of Fringe Benefits. Please include the percentage of Salaries and Wages paid in Benefits. (Examples: FICA, SSI, Health Ins., Workers Comp. Etc.) | | Section 10 Administrative Costs | Section 20 Program Costs |
|---|------------|---------------------------------------|------------------------------------|
| | Percentage | List CSBG funds Budgeted Line 2 | List CSBG Funds Budgeted Line 2 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL MUST MATCH THE AMOUNT ENTERED ON CSD 425.S (BUDGET SUMMARY) | | | |

INSTRUCTIONS

ATTACHMENT I CSBG BUDGET SUPPORT—PERSONNEL COSTS CSD 425 1.1

**Contact
Information**

The information will populate from the CSD Budget Summary form (CSD 425.S) into the appropriate fields.

ADMINISTRATIVE and PROGRAM COSTS – SALARIES AND WAGES

Complete Section 10 (Administrative Costs) and Section 20 (Program Costs) for those costs which are directly related to CSBG contract. Provide the specific positions for the salaries and wages and Fringe Benefits.

Column A**Number of Positions**

Specify the number of positions for each Position Title in Column B that are directly related to the administrative (Section 10) and/or program (Section 20) costs of the CSBG contract.

Column B**Position Title**

Specify the position title. Do not abbreviate.

Column C**Annual Salary for each position**

Specify the total dollar amount of salaries and wages for staff performing CSBG administrative and/or program activities. Include all payments made to administrative/program staff, permanent or temporary, as well as all regular and overtime pay, as approved by the contract authority.

Column D**Percent (%) of CSBG Time allocated for each position**

Specify the amount of time (in percent) for the position dedicated to the CSBG administrative and/or program activities.

Column E**Number of CSBG months allocated for Each Position**

Specify the number of months allocated for each position listed in Column A.

Column F

No keying required. This is a pre-calculated field. The field will provide the total CSBG funds budgeted for each position.

**Totals –
Administrative
& Program
Costs**

No keying required. This total should match the total provided on the CSBG Budget Summary form (CSD 425 S.).

**Fringe
Benefits**

Specify the total dollar amount of fringe benefits for staff performing administrative and/or program duties. Include all payments made in accordance with approved payroll benefit programs. This includes retirement/pension plans and various other forms of insurances related to employee compensation such as disability, life, health and unemployment. Additionally, workers' compensation, disability insurance, sick leave and accrued vacation should be included.

**Totals –
Fringe
Benefits**

No keying required. This total should match the total provided on the CSBG Budget Summary form (CSD 425 S.).

Listed below are the formulas to calculate Annualized Salary, Percentage of CSBG Time, Number of CSBG Months, and CSBG Funds.

**Annualized
Salary**

CSBG Funds multiplied by 12 months divided by number of months divided by Percentage (%) of time.

**Percentage
of CSBG
Time**

CSBG Funds times 12 months divided by the number of Months divided by annualized salary.

**Number of
Months**

CSBG Funds times 12 months divided by percentage of time divided by annualized salary.

CSBG Funds

Annualized Salary divided by 12 months multiplied by the number of month's time's (x) percentage (%) of time.

ATTACHMENT I
CSBG BUDGET SUPPORT -- NON PERSONNEL COSTS

| | | |
|------------------|------------------|------------------|
| Contractor Name: | Contract Number: | Contract Amount: |
| Prepared By: | Contract Term: | Amendment #: |
| Telephone #: | Fax Number: | |
| Date: | E-mail Address: | |

Hit Alt & Enter at the same time to begin a new line or paragraph within the cell.

| EXPLAIN AND JUSTIFY EACH LINE ITEM Totals must match CSD 425.S Budget Summary form Attach additional sheet(s) if necessary Missing descriptions shall result in delay of the contract execution. | CSBG | |
|---|--|--|
| | Section 10 Administrative Costs | Section 20 Program Costs |
| List all Operating Expenses | 3 sum should equal total on line item 3 of CSD 425.S Budget Summary form | 3 sum should equal total on line item 3 of CSD 425.S Budget Summary form |
| List all Equipment Purchases | 4 sum should equal total on line item 4 of CSD 425.S Budget Summary form | 4 sum should equal total on line item 4 of CSD 425.S Budget Summary form |
| List all Out-of-State Travel: Name of conference; Specify location; Cost per trip | 5 sum should equal total on line item 5 of CSD 425.S Budget Summary form | 5 sum should equal total on line item 5 of CSD 425.S Budget Summary form |
| List all Subcontractor Services | 6 sum should equal total on line item 6 of CSD 425.S Budget Summary form | 6 sum should equal total on line item 6 of CSD 425.S Budget Summary form |
| Other Costs - Explain & Justify each line item (i - iv): Any additional Other Costs (attach additional sheet if necessary): | Section 10 Administrative Costs | Section 20 Program Cost |
| i | | |
| ii | | |
| iii | | |
| iv | | |
| Total Other Costs (Sum of i, ii, iii, iv): | 7 sum should equal total on line item 7 of CSD 425.S Budget Summary form | 7 sum should equal total on line item 7 of CSD 425.S Budget Summary form |

INSTRUCTIONS

ATTACHMENT I – CSBG BUDGET SUPPORT – NON PERSONNEL COSTS CSD 425 1.2

| | |
|----------------------------|---|
| Contact Information | The information will populate from the CSD Budget Summary form (CSD 425.S) into the appropriate fields. |
|----------------------------|---|

| | |
|--|---|
| | List those costs which are directly related to the Administrative and/or Program costs of the CSBG contract. All costs must equal the totals listed on the CSBG Contract Budget Summary form (CSD 425.S). |
|--|---|

| | |
|---------------------------|---|
| Operating Expenses | Provide a detailed list of all Operating Expenses; include type of expenses and the amount (<i>i.e. electric bill, \$825.00</i>). |
|---------------------------|---|

| | |
|-------------------------------------|---|
| Equipment Purchases Services | Provide a detailed list of all equipment purchases; include type of equipment and the amount (<i>i.e. copy machine, \$6,500</i>). |
|-------------------------------------|---|

| | |
|----------------------------------|---|
| Out-of-State Travel Only: | Provide detailed information for each out of state travel trip; include location, purpose of each trip, and related costs per trip (<i>i.e. Chicago, IL, CAP Law Conference, \$1500</i>). |
|----------------------------------|---|

| | |
|-------------------------------|---|
| Subcontractor Services | List the subcontractor name and total dollar amount administered to any subcontracting agencies that provide services (<i>i.e. Youth Employment Training Agency, \$20,000</i>). |
|-------------------------------|---|

| | |
|--------------------|---|
| Other Costs | <p>Please provide a list of all other administrative (Section 10) and program (Section 20) costs that do not fit in the above categories. Attach additional sheets if necessary.</p> <ul style="list-style-type: none">i. Any additional Other Costs: List the additional other costs that do not fit in any other category.ii. Direct Client Purchases: List all direct client purchases, include the item name, the number purchased, and the cost (e.g. thermal blankets, qty. 3000, cost \$12,000).iii. Indirect Costs: The indirect cost rate is defined as the dollar value of the approved federal rate, and the entire amount can be claimed as long as it is not reimbursed by |
|--------------------|---|

another funding source. Please note that if indirect costs are reported, the approved Indirect Cost Rate Plan must be accompany budget forms.

- iv. Information Technology (IT) Development: IT Development includes only projects in the development phases. Costs of IT projects in progress should be included in Operating Expenses above.

**Total Other
Costs**

No keying required. The total Other Costs is the sum of i, ii, iii, iv.

[illegible]

Instructions:
CSBG Budget Support –
Other Agency Operating Funds Form
(CSD 425 1.3)

Purpose

The purpose of the Other Agency Operating Funds is to provide a detailed list identifying all the Other Agency Funding sources and the amounts funded that make up the total annual operating budget. Below are the specific instructions to complete each section of the form.

Contact information

No Keying is required. The contact information will populate from the CSD Budget Summary form (CSD 425.S) into the appropriate fields.

Funding Source

Provide the name of the funding source.

Funding Amount

Enter the amount of funds received from the Funding Source.

Total

This is a pre-calculated field and no keying is required. The total should match the total provided on the CSD Budget Summary Form (CSD 425.S). Verify the dollar amount prior to submitting to CSD.

Example

Below is an example of the information the Department of Community Services and Development (CSD) should see listed on the Other Agency Operating Funds form:

| Funding Source: | Amount: |
|---------------------------------------|---------------------|
| Community Development Block Grant | \$100,00.00 |
| California Lifeline Telephone Service | \$ 15,000.00 |
| Total | \$115,000.00 |

Additional pages as needed

Two (2) tabs have been created in the Budget excel workbook to allow space to list the Other Agency Operating Funds. If additional pages are needed follow the steps below to create an additional page:

- Right click on the tab labeled 425 1.3
- Select "Move or Copy"
 - The Move or Copy screen will appear
- Single click on the "Move to end" option listed under the Before sheet field
- Check the "Create a copy" box
- Click Ok

The copied tab will appear as the last tab in the workbook.

EXHIBIT B
(Standard Agreement)

ATTACHMENT II

CSBG/NPI WORKPLAN
AND
CSBG/NPI PROGRAMS REPORT

CSD 801(W)

CSD 801

(The CSD 801 does not need to be returned with the contract.)

CSBG/NPI Workplan

Contractor Name: _____

Contact Person and Title: _____

Phone Number: _____

Ext. Number _____

E-mail Address: _____

Fax Number: _____

Goal 1: Low-income people become more self-sufficient.

NPI 1.1: Employment

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

| National Performance Indicator 1.1 | | WORKPLAN |
|---|---------------------|---|
| Employment | Reporting Period | Number of Participants Expected to Achieve Outcome in Reporting Period (#) |
| The number and percentage of low-income participants in Community Action employment initiatives who get a job or become self-employed, as measured by one or more of the following: | Mid-Year | |
| | Annual | |
| A. Unemployed and obtained a job | Mid-Year | |
| | Annual | |
| B. Employed and maintained a job for a least 90 days | Mid-Year | |
| | Annual | |
| C. Employed and obtained an increase in employment income and/or benefits | Mid-Year | |
| | Annual | |
| D. Achieved "living wage" employment and/or benefits | Mid-Year | |
| | Annual | |
| <i>In the rows below, please include any additional indicators for NPI 1.1 that were not captured above.</i> | | |
| | Mid-Year | |
| | Annual | |

CSBG/NPI Workplan

Goal 1: Low-income people become more self-sufficient.

NPI 1.2: Employment Supports

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

| National Performance Indicator 1.2 | Reporting Period | WORKPLAN Number of Participants Expected to Achieve Outcome in Reporting Period (#) |
|---|---------------------|---|
| Employment Supports | | |
| The number of low-income participants for whom barriers to initial or continuous employment are reduced or eliminated through assistance from community action, as measured by <u>one or more</u> of the following: | | |
| A. Obtained skills/competencies required for employment | Mid-Year | |
| | Annual | |
| B. Completed ABE/GED and received certificate or diploma | Mid-Year | |
| | Annual | |
| C. Completed post-secondary education program and obtained certificate or diploma | Mid-Year | |
| | Annual | |
| D. Enrolled children in "before" or "after" school programs | Mid-Year | |
| | Annual | |
| E. Obtained care for child or other dependant | Mid-Year | |
| | Annual | |
| F. Obtained access to reliable transportation and/or driver's license | Mid-Year | |
| | Annual | |
| G. Obtained health care services for themselves or a family member | Mid-Year | |
| | Annual | |
| H. Obtained safe and affordable housing | Mid-Year | |
| | Annual | |
| I. Obtained food assistance | Mid-Year | |
| | Annual | |
| J. Obtained non-emergency LIHEAP energy assistance | Mid-Year | |
| | Annual | |
| K. Obtained non-emergency WX energy assistance | Mid-Year | |
| | Annual | |
| L. Obtained other non-emergency energy assistance (State/local/private energy programs. Do Not Include LIHEAP or WX) | Mid-Year | |
| | Annual | |
| <i>In the rows below, please include any additional indicators for NPI 1.2 that were not captured above.</i> | | |
| | Mid-Year | |
| | Annual | |

CSBG/NPI Workplan

Goal 1: Low-income people become more self-sufficient.

NPI 1.3: Economic Asset Enhancement and Utilization

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

| National Performance <u>Indicator 1.3</u> | Reporting Period | WORKPLAN Number of Participants Expected to Achieve Outcome in Reporting Period (#) |
|--|---------------------|---|
| Economic Asset Enhancement and Utilization The number and percentage of low-income households that achieve an increase in financial assets and/or financial skills as a result of community action assistance, and the aggregated amount of those assets and resources for all participants achieving the outcome, as measured by <u>one or more</u> of the following: | | |
| A. ENHANCEMENT | | |
| 1. Number and percent of participants in tax preparation programs who qualified for any type of Federal or State tax credit and the expected aggregated dollar amount of credits. | Mid-Year | |
| | Annual | |
| 2. Number and percent of participants who obtained court-ordered child support payments and the expected annual aggregated dollar amount of payments. | Mid-Year | |
| | Annual | |
| 3. Number and percent of participants who were enrolled in telephone lifeline and/or energy discounts with the assistance of the agency and the expected aggregated dollar amount of savings. | Mid-Year | |
| | Annual | |
| B. UTILIZATION | | |
| 1. Number and percent of participants demonstrating ability to complete and maintain a budget for over 90 days | Mid-Year | |
| | Annual | |
| 2. Number and percent of participants opening an Individual Development Account (IDA) or other savings account | Mid-Year | |
| | Annual | |
| 3. Number and percent of participants who increased their savings through IDA or other savings accounts and the aggregated amount of savings | Mid-Year | |
| | Annual | |
| 4. Of participants in a Community Action assets development program (IDA and others): | | |
| a. Number and percent of participants capitalizing a small business due to accumulated savings | Mid-Year | |
| | Annual | |
| b. Number and percent of participants pursuing post-secondary education with accumulated savings | Mid-Year | |
| | Annual | |
| c. Number and percent of participants purchasing a home with accumulated savings | Mid-Year | |
| | Annual | |
| d. Number and percent of participants purchasing other assets with accumulated savings | Mid-Year | |
| | Annual | |
| In the rows below, please include any additional indicators for NPI 1.3 that were not captured above. | | |
| | Mid-Year | |
| | Annual | |

CSBG/NPI Workplan

Contractor Name: _____
 Contact Person and Title: _____
 Phone Number: _____ Ext. Number: _____
 E-mail Address: _____ Fax Number: _____

Goal 2: The conditions in which low-income people live are improved.

NPI 2.1: Community Improvement and Revitalization

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

| National Performance Indicator 2.1 Community Improvement and Revitalization | Reporting Period | WORKPLAN Number of Projects or Initiatives Expected to Achieve in Reporting Period (#) |
|---|---------------------|---|
| Increase in, or safeguarding of, threatened opportunities and community resources or services for low-income people in the community as a result of community action projects/initiatives or advocacy with other public and private agencies, as measured by <u>one or more</u> of the following: | Mid-Year | |
| | Annual | |
| A. Jobs created, or saved, from reduction or elimination in the community. | Mid-Year | |
| | Annual | |
| B. Accessible "living wage" jobs created, or saved, from reduction or elimination in the community. | Mid-Year | |
| | Annual | |
| C. Safe and affordable housing units created in the community | Mid-Year | |
| | Annual | |
| D. Safe and affordable housing units in the community preserved or improved through construction, weatherization, or rehabilitation achieved by community action activity or advocacy | Mid-Year | |
| | Annual | |
| E. Accessible and affordable health care services/facilities for low-income people created or saved from reduction or elimination | Mid-Year | |
| | Annual | |
| F. Accessible safe and affordable child care or child development placement opportunities for low-income families created or saved from reduction or elimination | Mid-Year | |
| | Annual | |
| G. Accessible "before school" and "after school" program placement opportunities for low-income families created or saved from reduction or elimination | Mid-Year | |
| | Annual | |
| H. Accessible new or expanded transportation resources, or those that are saved from reduction or elimination, that are available to low-income people, including public or private transportation. | Mid-Year | |
| | Annual | |
| I. Accessible or increased educational and training placement opportunities, or those that are saved from reduction or elimination, that are available for low-income people in the community, including vocational, literacy, and life skill training, ABE/GED, and post-secondary education | Mid-Year | |
| | Annual | |
| <i>In the rows below, please include any additional indicators for NPI 2.1 that were not captured above.</i> | | |
| | Mid-Year | |
| | Annual | |

CSBG/NPI Workplan

Goal 2: The conditions in which low-income people live are improved.

NPI 2.2: Community Quality of Life and Assets

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

| National Performance Indicator 2.2 | | Reporting Period | WORKPLAN |
|---|----------|---------------------|--|
| Community Quality of Life and Assets | | | Number of Program Initiatives or Advocacy Efforts Expected to Achieve in Reporting Period (#) |
| The quality of life and assets in low-income neighborhoods are improved by community action initiative or advocacy, as measured by <u>one or more</u> of the following: | | | |
| A. Increases in community assets as a result of a change in law, regulation, or policy, which results in improvements in quality of life and assets | Mid-Year | | |
| | Annual | | |
| B. Increase in the availability or preservation of community facilities | Mid-Year | | |
| | Annual | | |
| C. Increase in the availability or preservation of community services to improve public health and safety | Mid-Year | | |
| | Annual | | |
| D. Increase in the availability or preservation of commercial services within low-income neighborhoods | Mid-Year | | |
| | Annual | | |
| E. Increase or preservation of neighborhood quality-of-life resources | Mid-Year | | |
| | Annual | | |
| In the rows below, please include any additional indicators for NPI 2.2 that were not captured above. | | | |
| | Mid-Year | | |
| | Annual | | |

CSBG/NPI Workplan

Goal 2: The conditions in which low-income people live are improved.

NPI 2.3: Community Engagement

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

| National Performance <u>Indicator 2.3</u> | | Reporting Period | WORKPLAN |
|--|--|---------------------|--|
| Community Engagement | | | Number of Total Contribution by Community Expected to Achieve in Reporting Period (#) |
| The number of community members working with Community Action to improve conditions in the community. | | | |
| A. Number of community members mobilized by Community Action that participate in community revitalization and anti-poverty initiatives | | Mid-Year | |
| | | Annual | |
| B. Number of volunteer hours donated to the agency (This will be All volunteer hours) | | Mid-Year | |
| | | Annual | |
| In the rows below, please include any additional indicators for NPI 2.3 that were not captured above. | | | |
| | | Mid-Year | |
| | | Annual | |

CSBG/NPI Workplan

Goal 2: *The conditions in which low-income people live are improved.*

NPI 2.4: Employment Growth from ARRA Funds

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

| National Performance Indicator 2.4 | | Reporting Period | WORKPLAN Number of Jobs Expected to Achieve in Reporting Period (#) |
|---|--|---------------------|---|
| Employment Growth from ARRA Funds | | | |
| The total number of jobs created or saved, at least in part by ARRA Funds, in the community. | | | |
| A. Jobs created at least in part by ARRA funds | | Mid-Year | |
| | | Annual | |
| B. Jobs saved at least in part by ARRA funds | | Mid-Year | |
| | | Annual | |
| In the rows below, please include any additional indicators for NPI 2.4 that were not captured above. | | | |
| | | Mid-Year | |
| | | Annual | |

CSBG/NPI Workplan

Contractor Name: _____
 Contact Person and Title: _____
 Phone Number: _____ Ext. Number: _____
 E-mail Address: _____ Fax Number: _____

Goal 3: Low-income people own a stake in their community.

NPI 3.1: Community Enhancement Through Maximum Feasible Participation

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

| National Performance Indicator 3.1 | | Reporting Period | WORKPLAN Total Number of Volunteer Hours Expected to Achieve in Reporting Period (#) |
|--|--|---------------------|---|
| Community Enhancement Through Maximum Feasible Participation | | | |
| The number of volunteer hours donated to Community Action. | | | |
| The total number of volunteer hours donated by low-income individuals to Community Action. (This is ONLY the number of volunteer hours from individuals who are low-income.) | | Mid-Year | |
| | | Annual | |
| In the rows below, please include any additional indicators for NPI 3.1 that were not captured above. | | | |
| | | Mid-Year | |
| | | Annual | |

CSBG/NPI Workplan

Goal 3: Low-income people own a stake in their community.

NPI 3.2: Community Empowerment Through Maximum Feasible Participation

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

| National Performance Indicator 3.2 Community Empowerment Through Maximum Feasible Participation | Reporting Period | WORKPLAN Number of Low-Income People Expected to Achieve in Reporting Period (#) |
|--|-------------------------|---|
| The number of low-income people mobilized as a direct result of community action initiative to engage in activities that support and promote their own well-being and that of their community, as measured by <u>one or more</u> of the following: | | |
| A. Number of low-income people participating in formal community organizations, government, boards, or councils that provide input to decision making and policy setting through community | Mid-Year | |
| | Annual | |
| B. Number of low-income people acquiring businesses in their community as a result of community action assistance | Mid-Year | |
| | Annual | |
| C. Number of low-income people purchasing their own home in their community as a result of community action assistance | Mid-Year | |
| | Annual | |
| D. Number of low-income people engaged in non-governance community activities or groups created or supported by community action | Mid-Year | |
| | Annual | |
| <i>In the rows below, please include any additional indicators for NPI 3.2 that were not captured above.</i> | | |
| | Mid-Year | |
| | Annual | |

CSBG/NPI Workplan

Contractor Name: _____
 Contact Person and Title: _____
 Phone Number: _____ Ext. Number _____
 E-mail Address: _____ Fax Number _____

Goal 4: Partnerships among supporters and providers of services to low-income people are achieved.

NPI 4.1: Expanding Opportunities through Community-Wide Partnerships

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

| National Performance <u>Indicator 4.1</u> Expanding Opportunities Through Community-Wide Partnerships | | Reporting Period | WORKPLAN Number of Organizational Partnerships Expected to Achieve in Reporting Period (#) |
|---|---|------------------|---|
| The number of organizations, both public and private, community action actively works with to expand resources and opportunities in order to achieve family and community outcomes. | | | |
| A. | Non-Profit | Mid-Year | |
| | | Annual | |
| B. | Faith Based | Mid-Year | |
| | | Annual | |
| C. | Local Government | Mid-Year | |
| | | Annual | |
| D. | State Government | Mid-Year | |
| | | Annual | |
| E. | Federal Government | Mid-Year | |
| | | Annual | |
| F. | For-Profit Business or Corporation | Mid-Year | |
| | | Annual | |
| G. | Consortiums/Collaboration | Mid-Year | |
| | | Annual | |
| H. | Housing Consortiums/Collaboration | Mid-Year | |
| | | Annual | |
| I. | School Districts | Mid-Year | |
| | | Annual | |
| J. | Institutions of post secondary education/training | Mid-Year | |
| | | Annual | |
| K. | Financial/Banking Institutions | Mid-Year | |
| | | Annual | |
| L. | Health Service Institutions | Mid-Year | |
| | | Annual | |
| M. | State wide associations or collaborations | Mid-Year | |
| | | Annual | |
| In the rows below, please add other types of partners with which your CAA has formed relationships that were not captured above. | | Mid-Year | |
| | | Annual | |

CSBG/NPI Workplan

Contractor Name: _____

Contact Person and Title: _____

Phone Number: _____

Ext. Number: _____

E-mail Address: _____

Fax Number: _____

Goal 5: Agencies increase their capacity to achieve results.**NPI 5.1: Agency Development****Problem Statement:** (If additional space is needed, please attach a separate sheet.)**Program Activities and Delivery Strategies:** (If additional space is needed, please attach a separate sheet.)

| National Performance Indicator 5.1 | | WORKPLAN |
|--|----------|--|
| Agency Development | | Number of Resources in Agency Expected to Achieve in Reporting Period (#) |
| | | Reporting Period |
| The number of human capital resources available to Community Action that increase agency capacity to achieve family and community outcomes, as measured by one or more of the following: | | |
| A. Number of Certified Community Action Professionals | Mid-Year | |
| | Annual | |
| B. Number of ROMA Trainers | Mid-Year | |
| | Annual | |
| C. Number of Family Development Trainers | Mid-Year | |
| | Annual | |
| D. Number of Child Development Trainers | Mid-Year | |
| | Annual | |
| E. Number of staff attending trainings | Mid-Year | |
| | Annual | |
| F. Number of board members attending trainings | Mid-Year | |
| | Annual | |
| G. Hours of staff in trainings | Mid-Year | |
| | Annual | |
| H. Hours of board members in trainings | Mid-Year | |
| | Annual | |
| <i>In the rows below, please include any additional indicators that were not captured above.</i> | | |
| | | Mid-Year |
| | | Annual |

CSBG/NPI Workplan

Contractor Name: _____
 Contact Person and Title: _____
 Phone Number: _____ Ext. Number: _____
 E-mail Address: _____ Fax Number: _____

Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.

NPI 6.1: Independent Living

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

| National Performance <u>Indicator 6.1</u> | | Reporting Period | WORKPLAN |
|---|---------|------------------|---|
| Independent Living | | | Number of Vulnerable Individuals Living Independently Expected to Achieve in Reporting Period (#) |
| The number of vulnerable individuals receiving services from community action who maintain an independent living situation as a result of those services: | | | |
| A. Senior Citizens (<i>seniors can be reported twice, once under Senior Citizens and again, if they are disabled, under Individuals with Disabilities, ages 55-over.</i>) | | Mid-Year | |
| | | Annual | |
| B. Individuals with Disabilities | | Mid-Year | |
| | | Annual | |
| Ages: | | Mid-Year | |
| a. | 0-17 | Annual | |
| b. | 18-54 | Mid-Year | |
| | | Annual | |
| c. | 55-over | Mid-Year | |
| | | Annual | |

In the rows below, please include any additional indicators for NPI 6.1 that were not captured above.

| | | |
|--|----------|--|
| | Mid-Year | |
| | Annual | |

CSBG/NPI Workplan

Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.

NPI 6.2: Emergency Assistance

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

| National Performance Indicator 6.2 | | WORKPLAN |
|---|-------------------------|---|
| Emergency Assistance | Reporting Period | Number of Individuals Expected to Receive Assistance in Reporting Period (#) |
| The number of low-income individuals served by community action who sought emergency assistance and the number of those individuals for whom assistance was provided. | | |
| A. Emergency Food | Mid-Year | |
| | Annual | |
| B. Emergency fuel or utility payments funded by LIHEAP or other public and private funding sources | Mid-Year | |
| | Annual | |
| C. Emergency Rent or Mortgage Assistance | Mid-Year | |
| | Annual | |
| D. Emergency Car or Home Repair (i.e. structural appliance, heating systems, etc.) | Mid-Year | |
| | Annual | |
| E. Emergency Temporary Shelter | Mid-Year | |
| | Annual | |
| F. Emergency Medical Care | Mid-Year | |
| | Annual | |
| G. Emergency Protection from Violence | Mid-Year | |
| | Annual | |
| H. Emergency Legal Assistance | Mid-Year | |
| | Annual | |
| I. Emergency Transportation | Mid-Year | |
| | Annual | |
| J. Emergency Disaster Relief | Mid-Year | |
| | Annual | |
| K. Emergency Clothing | Mid-Year | |
| | Annual | |

In the rows below, please include any additional indicators for NPI 6.2 that were not captured above.

| | | |
|--|----------|--|
| | Mid-Year | |
| | Annual | |

CSBG/NPI Workplan

Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.

NPI 6.3: Child and Family Development

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

| National Performance Indicator 6.3 | | WORKPLAN |
|---|------------------|--|
| Child and Family Development | Reporting Period | Number of Participants Expected to Achieve Outcome in Reporting Period (#) |
| A. INFANTS & CHILDREN | | |
| 1. Infants and children obtain age appropriate immunizations, medical, and dental care | Mid-Year | |
| | Annual | |
| 2. Infant and child health and physical development are improved as a result of adequate nutrition | Mid-Year | |
| | Annual | |
| 3. Children participate in pre-school activities to develop school readiness skills | Mid-Year | |
| | Annual | |
| 4. Children who participate in pre-school activities are developmentally ready to enter Kindergarten or 1st Grade | Mid-Year | |
| | Annual | |
| B. YOUTH | | |
| 1. Youth improve health and physical development | Mid-Year | |
| | Annual | |
| 2. Youth improve social/emotional development | Mid-Year | |
| | Annual | |
| 3. Youth avoid risk-taking behavior for a defined period of time | Mid-Year | |
| | Annual | |
| 4. Youth have reduced involvement with criminal justice system | Mid-Year | |
| | Annual | |
| 5. Youth increase academic, athletic, or social skills for school success | Mid-Year | |
| | Annual | |
| C. PARENTS AND OTHER ADULTS | | |
| 1. Parents and other adults learn and exhibit improved parenting skills | Mid-Year | |
| | Annual | |
| 2. Parents and other adults learn and exhibit improved family functioning skills | Mid-Year | |
| | Annual | |
| In the rows below, please include any additional indicators for NPI 6.3 that were not captured above. | | |
| | Mid-Year | |
| | Annual | |

CSBG/NPI Workplan

Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.

NPI 6.4: Family Supports

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

| National Performance Indicator 6.4 Family Supports (Seniors, Disabled and Caregivers) | Reporting Period | WORKPLAN |
|---|------------------|--|
| Low-income people who are unable to work, especially seniors, adults with disabilities, and caregivers, for whom barriers to family stability are reduced or eliminated, as measured by one or more of the following: | | Number of Participants Expected to Achieve Outcome in Reporting Period (#) |
| A. Enrolled children in before or after school programs | Mid-Year | |
| | Annual | |
| B. Obtained care for child or other dependent | Mid-Year | |
| | Annual | |
| C. Obtained access to reliable transportation and/or driver's license | Mid-Year | |
| | Annual | |
| D. Obtained health care services for themselves or family member | Mid-Year | |
| | Annual | |
| E. Obtained and/or maintained safe and affordable housing | Mid-Year | |
| | Annual | |
| F. Obtained food assistance | Mid-Year | |
| | Annual | |
| G. Obtained non-emergency LIHEAP energy assistance | Mid-Year | |
| | Annual | |
| H. Obtained non-emergency WX energy assistance | Mid-Year | |
| | Annual | |
| I. Obtained other non-emergency energy assistance. (State/local/private energy programs. Do Not Include LIHEAP or WX) | Mid-Year | |
| | Annual | |
| In the rows below, please include any additional indicators for NPI 6.4 that were not captured above. | | |
| | Mid-Year | |
| | Annual | |

CSBG/NPI Workplan

Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.

NPI 6.5: Service Counts

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

| National Performance Indicator 6.5 | | WORKPLAN |
|--|-------------------------|--|
| Service Counts The number of services provided to low-income individuals and/or families, as measured by one or more of the following: | Reporting Period | Number of Services Expected in Reporting Period (#) |
| A. Food Boxes | Mid-Year | |
| | Annual | |
| B. Pounds of Food | Mid-Year | |
| | Annual | |
| C. Units of Clothing | Mid-Year | |
| | Annual | |
| D. Rides Provided | Mid-Year | |
| | Annual | |
| E. Information and Referral Calls | Mid-Year | |
| | Annual | |
| <i>In the rows below, please include any additional indicators for NPI 6.5 that were not captured above.</i> | | |
| | Mid-Year | |
| | Annual | |

CSBG/NPI Programs Report

Contractor Name: _____

Contact Person and Title: _____

Phone Number: _____

Ext. Number: _____

E-mail Address: _____

Fax Number: _____

Goal 1: Low-income people become more self-sufficient.**NPI 1.1: Employment****Problem Statement:** (If additional space is needed, please attach a separate sheet.)**Program Activities and Delivery Strategies:** (If additional space is needed, please attach a separate sheet.)

| National Performance Indicator 1.1 | | 1 | 2 | 3 | 4 | 5 |
|---|------------------|--|---|--|--|--|
| Employment | Reporting Period | Number of Participants Expected to Achieve Outcome in Reporting Period (#) | Number of Participants Enrolled in Program(s) in Reporting Period (#) | Number of Participants Achieving Outcome in Reporting Period (#) | Percentage Achieving Outcome in Reporting Period (3/1=4) (%) | Explanations Required (Report on last tab) |
| The number and percentage of low-income participants in Community Action employment initiatives who get a job or become self-employed, as measured by one or more of the following: | | | | | | |
| A. Unemployed and obtained a job | Mid-Year | | | | | |
| | Annual | | | | | |
| B. Employed and maintained a job for a least 90 days | Mid-Year | | | | | |
| | Annual | | | | | |
| C. Employed and obtained an increase in employment income and/or benefits | Mid-Year | | | | | |
| | Annual | | | | | |
| D. Achieved "living wage" employment and/or benefits | Mid-Year | | | | | |
| | Annual | | | | | |
| In the rows below, please include any additional indicators for NPI 1.1 that were not captured above. | | | | | | |
| | Mid-Year | | | | | |
| | Annual | | | | | |

CSBG/NPI Programs Report**Goal 1: Low-income people become more self-sufficient.****NPI 1.2: Employment Supports****Problem Statement:** (If additional space is needed, please attach a separate sheet.)**Program Activities and Delivery Strategies:** (If additional space is needed, please attach a separate sheet.)

| National Performance Indicator 1.2 | | 1 | 2 | 3 | 4 | 5 |
|---|-----------------------------|---|--|---|---|---|
| Employment Supports | Reporting Period | Number of Participants Expected to Achieve Outcome in Reporting Period (#) | Number of Participants Enrolled in Program(s) in Reporting Period (#) | Number of Participants Achieving Outcome in Reporting Period (#) | Percentage Achieving Outcome in Reporting Period (3/1=4) (%) | Explanations Required (Report on last tab) |
| The number of low-income participants for whom barriers to initial or continuous employment are reduced or eliminated through assistance from community action, as measured by <u>one or more</u> of the following: | | | | | | |
| A. Obtained skills/competencies required for employment | Mid-Year | | | | | |
| | Annual | | | | | |
| B. Completed ABE/GED and received certificate or diploma | Mid-Year | | | | | |
| | Annual | | | | | |
| C. Completed post-secondary education program and obtained certificate or diploma | Mid-Year | | | | | |
| | Annual | | | | | |
| D. Enrolled children in "before" or "after" school programs | Mid-Year | | | | | |
| | Annual | | | | | |
| E. Obtained care for child or other dependant | Mid-Year | | | | | |
| | Annual | | | | | |
| F. Obtained access to reliable transportation and/or driver's license | Mid-Year | | | | | |
| | Annual | | | | | |
| G. Obtained health care services for themselves or a family member | Mid-Year | | | | | |
| | Annual | | | | | |
| H. Obtained safe and affordable housing | Mid-Year | | | | | |
| | Annual | | | | | |
| I. Obtained food assistance | Mid-Year | | | | | |
| | Annual | | | | | |
| J. Obtained non-emergency LIHEAP energy assistance | Mid-Year | | | | | |
| | Annual | | | | | |
| K. Obtained non-emergency WX energy assistance | Mid-Year | | | | | |
| | Annual | | | | | |
| L. Obtained other non-emergency energy assistance (State/local/private energy programs. Do Not Include LIHEAP or WX) | Mid-Year | | | | | |
| | Annual | | | | | |
| <i>In the rows below, please include any additional indicators for NPI 1.2 that were not captured above.</i> | | | | | | |
| | Mid-Year | | | | | |
| | Annual | | | | | |

CSBG/NPI Programs Report**Goal 1: Low-income people become more self-sufficient.****NPI 1.3: Economic Asset Enhancement and Utilization****Problem Statement:** (If additional space is needed, please attach a separate sheet.)**Program Activities and Delivery Strategies:** (If additional space is needed, please attach a separate sheet.)

| National Performance Indicator 1.3 | | 1 | 2 | 3 | 4 | 5 | 6 |
|---|-----------------------------|---|--|---|---|---|--|
| Economic Asset Enhancement and Utilization | | Number of Participants Expected to Achieve Outcome in Reporting Period (#) | Number of Participants Enrolled in Program(s) in Reporting Period (#) | Number of Participants Achieving Outcome in Reporting Period (#) | Percentage Achieving Outcome in Reporting Period (3/1=4) (%) | Explanations Required (Report on last tab) | Aggregated Dollar Amounts (Payments, Credits or Savings) (\$) |
| The number and percentage of low-income households that achieve an increase in financial assets and/or financial skills as a result of community action assistance, and the aggregated amount of those assets and resources for all participants achieving the outcome, as measured by <u>one or more</u> of the following: | Reporting Period | | | | | | |

A. ENHANCEMENT

| | | | | | | | |
|---|----------|--|--|--|--|--|--|
| 1. Number and percent of participants in tax preparation programs who qualified for any type of Federal or State tax credit and the expected aggregated dollar amount of credits. | Mid-Year | | | | | | |
| | Annual | | | | | | |
| 2. Number and percent of participants who obtained court-ordered child support payments and the expected annual aggregated dollar amount of payments. | Mid-Year | | | | | | |
| | Annual | | | | | | |
| 3. Number and percent of participants who were enrolled in telephone lifeline and/or energy discounts with the assistance of the agency and the expected aggregated dollar amount of | Mid-Year | | | | | | |
| | Annual | | | | | | |

B. UTILIZATION

| | | | | | | | |
|--|----------|--|--|--|--|--|------------|
| 1. Number and percent of participants demonstrating ability to complete and maintain a budget for over 90 days | Mid-Year | | | | | | N/A |
| | Annual | | | | | | |
| 2. Number and percent of participants opening an Individual Development Account (IDA) or other savings account | Mid-Year | | | | | | N/A |
| | Annual | | | | | | |
| 3. Number and percent of participants who increased their savings through IDA or other savings accounts and the aggregated amount of savings. | Mid-Year | | | | | | |
| | Annual | | | | | | |

CSBG/NPI Programs Report

| National Performance Indicator 1.3 | Reporting Period | 1 | 2 | 3 | 4 | 5 | 6 |
|--|---------------------|--|---|--|--|--|---|
| Economic Asset Enhancement and Utilization The number and percentage of low-income households that achieve an increase in financial assets and/or financial skills as a result of community action assistance, and the aggregated amount of those assets and resources for all participants achieving the outcome, as measured by one or more of the following: | | Number of Participants Expected to Achieve Outcome in Reporting Period (#) | Number of Participants Enrolled in Program(s) in Reporting Period (#) | Number of Participants Achieving Outcome in Reporting Period (#) | Percentage Achieving Outcome in Reporting Period (3/1-4) (%) | Explanations Required (Report on last tab) | Aggregated Dollar Amounts (Payments, Credits or Savings) (\$) |
| 4. Of participants in a Community Action assets development program (IDA and others): | | | | | | | |
| a. Number and percent of participants capitalizing a small business due to accumulated savings | Mid-Year | | | | | | |
| | Annual | | | | | | |
| b. Number and percent of participants pursuing post-secondary education with accumulated savings | Mid-Year | | | | | | |
| | Annual | | | | | | |
| c. Number and percent of participants purchasing a home with accumulated savings | Mid-Year | | | | | | |
| | Annual | | | | | | |
| d. Number and percent of participants purchasing other assets with accumulated savings | Mid-Year | | | | | | |
| | Annual | | | | | | |
| <i>In the rows below, please include any additional indicators for NPI 1.3 that were not captured above.</i> | | | | | | | |
| | Mid-Year | | | | | | |
| | Annual | | | | | | |

CSBG/NPI Programs Report

Contractor Name: _____

Contact Person and Title: _____

Phone Number: _____

Ext. Number: _____

E-mail Address: _____

Fax Number: _____

Goal 2: The conditions in which low-income people live are improved.

NPI 2.1: Community Improvement and Revitalization

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

Goal 2: The conditions in which low-income people live are improved.

| National Performance Indicator 2.1 Community Improvement and Revitalization Increase in, or safeguarding of, threatened opportunities and community resources or services for low-income people in the community as a result of community action projects/initiatives or advocacy with other public and private agencies, as measured by <u>one or more</u> of the following: | Reporting Period | 1 Number of Projects or Initiatives Expected to Achieve in Reporting Period (#) | 2 Number of Projects or Initiatives (#) | 3 Number of Opportunities and/or Community Resources Preserved or Increased (#) | 4 Percentage Achieving Outcome in Reporting Period (2/1=4) (%) | 5 Explanations Required (Report on last tab) |
|--|---------------------|---|---|---|---|--|
| A. Jobs created, or saved, from reduction or elimination in the community. | Mid-Year | | | | | |
| | Annual | | | | | |
| B. Accessible "living wage" jobs created, or saved, from reduction or elimination in the community. | Mid-Year | | | | | |
| | Annual | | | | | |
| C. Safe and affordable housing units created in the community | Mid-Year | | | | | |
| | Annual | | | | | |
| D. Safe and affordable housing units in the community preserved or improved through construction, weatherization, or rehabilitation achieved by community action activity or advocacy | Mid-Year | | | | | |
| | Annual | | | | | |
| E. Accessible and affordable health care services/facilities for low-income people created or saved from reduction or elimination | Mid-Year | | | | | |
| | Annual | | | | | |
| F. Accessible safe and affordable child care or child development placement opportunities for low-income families created or saved from reduction or elimination | Mid-Year | | | | | |
| | Annual | | | | | |
| G. Accessible "before school" and "after school" program placement opportunities for low-income families created or saved from reduction or elimination | Mid-Year | | | | | |
| | Annual | | | | | |
| H. Accessible new or expanded transportation resources, or those that are saved from reduction or elimination, that are available to low-income people, including public or private transportation. | Mid-Year | | | | | |
| | Annual | | | | | |
| I. Accessible or increased educational and training placement opportunities, or those that are saved from reduction or elimination, that are available for low-income people in the community, including vocational, literacy, and life skill training, ABE/GED, and post-secondary education | Mid-Year | | | | | |
| | Annual | | | | | |
| In the rows below, please include any additional indicators for NPI 2.1 that were not captured above. | | | | | | |
| | Mid-Year | | | | | |
| | Annual | | | | | |

CSBG/NPI Programs Report

Goal 2: The conditions in which low-income people live are improved.

NPI 2.2: Community Quality of Life and Assets

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

| National Performance Indicator 2.2 Community Quality of Life and Assets | Reporting Period | 1 Number of Program Initiatives or Advocacy Efforts Expected to Achieve in Reporting Period (#) | 2 Number of Projects or Initiatives or Advocacy Efforts (#) | 3 Number of Community Assets, Services or Facilities Preserved or Increased (#) | 4 Percentage Achieving Outcome in Reporting Period (2/1=4) (%) | 5 Explanations Required (Report on last tab) |
|--|---------------------|---|--|---|---|--|
| The quality of life and assets in low-income neighborhoods are improved by community action initiative or advocacy, as measured by one or more of the following: | | | | | | |
| A. Increases in community assets as a result of a change in law, regulation, or policy, which results in improvements in quality of life and assets | Mid-Year | | | | | |
| | Annual | | | | | |
| B. Increase in the availability or preservation of community facilities | Mid-Year | | | | | |
| | Annual | | | | | |
| C. Increase in the availability or preservation of community services to improve public health and safety | Mid-Year | | | | | |
| | Annual | | | | | |
| D. Increase in the availability or preservation of commercial services within low-income neighborhoods | Mid-Year | | | | | |
| | Annual | | | | | |
| E. Increase or preservation of neighborhood quality-of-life resources | Mid-Year | | | | | |
| | Annual | | | | | |
| <i>In the rows below, please include any additional indicators for NPI 2.2 that were not captured above.</i> | | | | | | |
| | Mid-Year | | | | | |
| | Annual | | | | | |

CSBG/NPI Programs Report

Goal 2: The conditions in which low-income people live are improved.

NPI 2.3: Community Engagement

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

| National Performance Indicator 2.3 | | 1 | 2 | 3 | 4 |
|--|----------|---|--|--|---|
| Community Engagement | | Number of Total Contributio n by Community Expected to Achieve in Reporting Period (#) | Total Contribution by Community | Percentage Achieving Outcome in Reporting Period (2/1=3) (%) | Explanations Required (Report on last tab) |
| The number of community members working with Community Action to improve conditions in the community. | | Reporting Period | | | |
| A. Number of community members mobilized by Community Action that participate in community revitalization and anti-poverty initiatives | Mid-Year | | | | |
| | Annual | | | | |
| B. Number of volunteer hours donated to the agency (This will be All volunteer hours) | Mid-Year | | | | |
| | Annual | | | | |

In the rows below, please include any additional indicators for NPI 2.3 that were not captured above.

| | | | | | |
|--|----------|--|--|--|--|
| | Mid-Year | | | | |
| | Annual | | | | |

CSBG/NPI Programs Report**Goal 2: The conditions in which low-income people live are improved.****NPI 2.4: Employment Growth from ARRA Funds****Problem Statement:** (If additional space is needed, please attach a separate sheet.)**Program Activities and Delivery Strategies:** (If additional space is needed, please attach a separate sheet.)

| National Performance Indicator 2.4 | | 1 | 2 | 3 | 4 |
|---|----------|--|-------------------|--|---|
| Employment Growth from ARRA Funds | | Number of Jobs Expected to Achieve in Reporting Period (#) | Number of Jobs | Percentage Achieving Outcome in Reporting Period (2/1=3) (%) | Explanations Required (Report on last tab) |
| The total number of jobs created or saved in the community, at least in part by ARRA Funds, in the community. | | Reporting Period | | | |
| A. Jobs created at least in part by ARRA funds | Mid-Year | | | | |
| | Annual | | | | |
| B. Jobs saved at least in part by ARRA funds | Mid-Year | | | | |
| | Annual | | | | |
| <i>In the rows below, please include any additional indicators for NPI 2.4 that were not captured above.</i> | | | | | |
| | Mid-Year | | | | |
| | Annual | | | | |

CSBG/NPI Programs Report

Contractor Name: _____
 Contact Person and Title: _____
 Phone Number: _____ Ext. Number: _____
 E-mail Address: _____ Fax Number: _____

Goal 3: Low-income people own a stake in their community.

NPI 3.1: Community Enhancement Through Maximum Feasible Participation

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a

| National Performance Indicator 3.1 | | 1 | 2 | 3 | 4 |
|--|--|---|---|--|---|
| Community Enhancement Through Maximum Feasible Participation | | Total Number of Volunteer Hours Expected to Achieve in Reporting Period (#) | Total Number of Volunteer Hours (#) | Percentage Achieving Outcome in Reporting Period (2/1=3) (%) | Explanations Required (Report on last tab) |
| The number of volunteer hours donated to Community Action | | Reporting Period | | | |
| The total number of volunteer hours donated by low-income individuals to Community Action. (This is ONLY the number of volunteer hours from individuals who are low-income.) | | Mid-Year | | | |
| | | Annual | | | |
| <i>In the rows below, please include any additional indicators for NPI 3.1 that were not captured above.</i> | | | | | |
| | | Mid-Year | | | |
| | | Annual | | | |

CSBG/NPI Programs Report

Goal 3: Low-income people own a stake in their community.

NPI 3.2: Community Empowerment Through Maximum Feasible Participation

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

| National Performance Indicator 3.2 | | 1 | 2 | 3 | 4 |
|--|---------------------|--|--|--|---|
| Community Empowerment Through Maximum Feasible Participation | Reporting Period | Number of Low- Income People Expected to Achieve in Reporting Period (#) | Number of Low-Income People in Reporting Period (#) | Percentage Achieving Outcome in Reporting Period (2/1=3) (%) | Explanations Required (Report on last tab) |
| The number of low-income people mobilized as a direct result of community action initiative to engage in activities that support and promote their own well-being and that of their community, as measured by <u>one or more</u> of the following: | Mid-Year | | | | |
| | Annual | | | | |
| A. Number of low-income people participating in formal community organizations, government, boards, or councils that provide input to decision making and policy setting through community action | Mid-Year | | | | |
| | Annual | | | | |
| B. Number of low-income people acquiring businesses in their community as a result of community action assistance | Mid-Year | | | | |
| | Annual | | | | |
| C. Number of low-income people purchasing their own home in their community as a result of community action assistance | Mid-Year | | | | |
| | Annual | | | | |
| D. Number of low-income people engaged in non-governance community activities or groups created or supported by community action | Mid-Year | | | | |
| | Annual | | | | |
| <i>In the rows below, please include any additional indicators for NPI 3.2 that were not captured above.</i> | | | | | |
| | Mid-Year | | | | |
| | Annual | | | | |

CSBG/NPI Programs Report

Contractor Name: _____
Contact Person and Title: _____
Phone Number: _____ Ext. Number: _____
E-mail Address: _____ Fax Number: _____

Goal 4: Partnerships among supporters and providers of services to low-income people are achieved.

NPI 4.1: Expanding Opportunities through Community-Wide Partnerships

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach)

Goal 4: Partnerships among supporters and providers of services to low-income people are achieved.

| National Performance <u>Indicator 4.1</u> | | 1 | 2 | 3 | 4 |
|---|----------|---|---|--|--|
| Expanding Opportunities Through Community-Wide Partnerships | | Number of Organizational Partnerships Expected to Achieve in Reporting Period (#) | Number of Organizational Partnerships in Reporting Period (#) | Percentage Achieving Outcome in Reporting Period (2/1=3) (%) | Explanations Required (Report on last tab) |
| The number of organizations, both public and private, community action actively works with to expand resources and opportunities in order to achieve family and community outcomes. | | Reporting Period | | | |
| A. Non-Profit | Mid-Year | | | | |
| | Annual | | | | |
| B. Faith Based | Mid-Year | | | | |
| | Annual | | | | |
| C. Local Government | Mid-Year | | | | |
| | Annual | | | | |
| D. State Government | Mid-Year | | | | |
| | Annual | | | | |
| E. Federal Government | Mid-Year | | | | |
| | Annual | | | | |
| F. For-Profit Business or Corporation | Mid-Year | | | | |
| | Annual | | | | |
| G. Consortiums/Collaboration | Mid-Year | | | | |
| | Annual | | | | |
| H. Housing Consortiums/Collaboration | Mid-Year | | | | |
| | Annual | | | | |
| I. School Districts | Mid-Year | | | | |
| | Annual | | | | |
| J. Institutions of post secondary education/training | Mid-Year | | | | |
| | Annual | | | | |
| K. Financial/Banking Institutions | Mid-Year | | | | |
| | Annual | | | | |
| L. Health Service Institutions | Mid-Year | | | | |
| | Annual | | | | |
| M. State wide associations or collaborations | Mid-Year | | | | |
| | Annual | | | | |
| The total number of organizations CAAs work with to promote family and community outcomes | | | | Mid-Year | 0 |
| | | | | Annual | 0 |

In the rows below, please add other types of partners with which your CAA has formed relationships that were not captured above.

| | | | | | |
|--|----------|--|--|--|--|
| | Mid-Year | | | | |
| | Annual | | | | |

CSBG/NPI Programs Report

Contractor Name: _____
Contact Person and Title: _____
Phone Number: _____ Ext. Number: _____
E-mail Address: _____ Fax Number: _____

Goal 5: Agencies increase their capacity to achieve results.

NPI 5.1: Agency Development

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a

| National Performance Indicator 5.1 Agency Development | | 1 | 2 | 3 | 4 |
|--|----------|---|---|--|--|
| The number of human capital resources available to Community Action that increase agency capacity to achieve family and community outcomes, as measured by one or more of the following: | | Number of Resources in Agency Expected to Achieve in Reporting Period (#) | Number of Resources in Agency in Reporting Period (#) | Percentage Achieving Outcome in Reporting Period (2/1=3) (%) | Explanations Required (Report on last tab) |
| A. Number of Certified Community Action Professionals | Mid-Year | | | | |
| | Annual | | | | |
| B. Number of ROMA Trainers | Mid-Year | | | | |
| | Annual | | | | |
| C. Number of Family Development Trainers | Mid-Year | | | | |
| | Annual | | | | |
| D. Number of Child Development Trainers | Mid-Year | | | | |
| | Annual | | | | |
| E. Number of staff attending trainings | Mid-Year | | | | |
| | Annual | | | | |
| F. Number of board members attending trainings | Mid-Year | | | | |
| | Annual | | | | |
| G. Hours of staff in trainings | Mid-Year | | | | |
| | Annual | | | | |
| H. Hours of board members in trainings | Mid-Year | | | | |
| | Annual | | | | |
| In the rows below, please include any additional indicators that were not captured above. | | | | | |
| | Mid-Year | | | | |
| | Annual | | | | |

CSBG/NPI Programs Report

Contractor Name: _____
 Contact Person and Title: _____
 Phone Number: _____ Ext. Number: _____
 E-mail Address: _____ Fax Number: _____

Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.

NPI 6.1: Independent Living

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

| National Performance Indicator 6.1 | | 1 | 2 | 3 | 4 |
|---|----------|---|---|--|--|
| Independent Living | | Number of Vulnerable Individuals Living Independently Expected to be Served in Reporting Period (#) | Number of Vulnerable Individuals Living Independently in Reporting Period (#) | Percentage Achieving Outcome in Reporting Period (2/1=3) (%) | Explanations Required (Report on last tab) |
| The number of vulnerable individuals receiving services from community action who maintain an independent living situation as a result of those services: | | Reporting Period | | | |
| A. Senior Citizens (<i>seniors can be reported twice, once under Senior Citizens and again, if they are disabled, under Individuals with Disabilities, ages 55-over.</i>) | Mid-Year | | | | |
| | Annual | | | | |
| B. Individuals with Disabilities | Mid-Year | | | | |
| | Annual | | | | |
| Ages: a. 0-17 | Mid-Year | | | | |
| | Annual | | | | |
| b. 18-54 | Mid-Year | | | | |
| | Annual | | | | |
| c. 55-over | Mid-Year | | | | |
| | Annual | | | | |

In the rows below, please include any additional indicators for NPI 6.1 that were not captured above.

| | | | | | |
|--|----------|--|--|--|--|
| | Mid-Year | | | | |
| | Annual | | | | |

CSBG/NPI Programs Report

Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.

NPI 6.2: Emergency Assistance

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

| National Performance Indicator 6.2 | | 1 | 2 | 3 | 4 | 5 |
|---|----------|---|--|--|--|--|
| Emergency Assistance | | Number of Individuals Seeking Assistance Projected to be Served in Reporting Period (#) | Number of Individuals Seeking Assistance in Reporting Period (#) | Number of Individuals Receiving Assistance in Reporting Period (#) | Percentage Achieving Outcome in Reporting Period (3/1=4) (%) | Explanations Required (Report on last tab) |
| The number of low-income individuals served by community action who sought emergency assistance and the number of those individuals for whom assistance was provided. | | | | | | |
| A. Emergency Food | Mid-Year | | | | | |
| | Annual | | | | | |
| B. Emergency fuel or utility payments funded by LIHEAP or other public and private funding sources | Mid-Year | | | | | |
| | Annual | | | | | |
| C. Emergency Rent or Mortgage Assistance | Mid-Year | | | | | |
| | Annual | | | | | |
| D. Emergency Car or Home Repair (i.e. structural appliance, heating systems, etc.) | Mid-Year | | | | | |
| | Annual | | | | | |
| E. Emergency Temporary Shelter | Mid-Year | | | | | |
| | Annual | | | | | |
| F. Emergency Medical Care | Mid-Year | | | | | |
| | Annual | | | | | |
| G. Emergency Protection from Violence | Mid-Year | | | | | |
| | Annual | | | | | |
| H. Emergency Legal Assistance | Mid-Year | | | | | |
| | Annual | | | | | |
| I. Emergency Transportation | Mid-Year | | | | | |
| | Annual | | | | | |
| J. Emergency Disaster Relief | Mid-Year | | | | | |
| | Annual | | | | | |
| K. Emergency Clothing | Mid-Year | | | | | |
| | Annual | | | | | |

In the rows below, please include any additional indicators for NPI 6.2 that were not captured above.

| | | | | | | |
|--|----------|--|--|--|--|--|
| | Mid-Year | | | | | |
| | Annual | | | | | |

CSBG/NPI Programs Report

Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.

NPI 6.3: Child and Family Development

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

| National Performance <u>Indicator 6.3</u> Child and Family Development | | 1 Number of Participants Expected to Achieve Outcome in Reporting Period (#) | 2 Number of Participants Enrolled in Program(s) in Reporting Period (#) | 3 Number of Participants Achieving Outcome in Reporting Period (#) | 4 Percentage Achieving Outcome in Reporting Period (3/1=4) (%) | 5 Explanations Required (Report on last tab) |
|---|----------|--|--|---|---|--|
| A. INFANTS & CHILDREN | | | | | | |
| 1. Infants and children obtain age appropriate immunizations, medical, and dental care | Mid-Year | | | | | |
| | Annual | | | | | |
| 2. Infant and child health and physical development are improved as a result of adequate nutrition | Mid-Year | | | | | |
| | Annual | | | | | |
| 3. Children participate in pre-school activities to develop school readiness skills | Mid-Year | | | | | |
| | Annual | | | | | |
| A. INFANTS & CHILDREN | | | | | | |
| 4. Children who participate in pre-school activities are developmentally ready to enter Kindergarten or 1st Grade | Mid-Year | | | | | |
| | Annual | | | | | |
| B. YOUTH | | | | | | |
| 1. Youth improve health and physical development | Mid-Year | | | | | |
| | Annual | | | | | |
| 2. Youth improve social/emotional development | Mid-Year | | | | | |
| | Annual | | | | | |
| 3. Youth avoid risk-taking behavior for a defined period of time | Mid-Year | | | | | |
| | Annual | | | | | |
| 4. Youth have reduced involvement with criminal justice system | Mid-Year | | | | | |
| | Annual | | | | | |
| 5. Youth increase academic, athletic, or social skills for school success | Mid-Year | | | | | |
| | Annual | | | | | |
| C. PARENTS AND OTHER ADULTS | | | | | | |
| 1. Parents and other adults learn and exhibit improved parenting skills | Mid-Year | | | | | |
| | Annual | | | | | |
| 2. Parents and other adults learn and exhibit improved family functioning skills | Mid-Year | | | | | |
| | Annual | | | | | |
| <i>In the rows below, please include any additional indicators for NPI 6.3 that were not captured above.</i> | | | | | | |
| | Mid-Year | | | | | |
| | Annual | | | | | |

CSBG/NPI Programs Report

Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.

NPI 6.4: Family Supports

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

| National Performance Indicator 6.4 Family Supports (Seniors, Disabled and Caregivers) Low-income people who are unable to work , especially seniors, adults with disabilities, and caregivers, for whom barriers to family stability are reduced or eliminated, as measured by one or more of the following: | Reporting Period | 1 Number of Participants Expected to Achieve Outcome in Reporting Period (#) | 2 Number of Participants Enrolled in Program(s) in Reporting Period (#) | 3 Number of Participants Achieving Outcome in Reporting Period (#) | 4 Percentage Achieving Outcome in Reporting Period (3/1=4) (%) | 5 Explanations Required (Report on last tab) |
|---|-------------------------|--|---|--|--|--|
| A. Enrolled children in before or after school programs | Mid-Year | | | | | |
| | Annual | | | | | |
| B. Obtained care for child or other dependent | Mid-Year | | | | | |
| | Annual | | | | | |
| C. Obtained access to reliable transportation and/or driver's license | Mid-Year | | | | | |
| | Annual | | | | | |
| D. Obtained health care services for themselves or family member | Mid-Year | | | | | |
| | Annual | | | | | |
| E. Obtained and/or maintained safe and affordable housing | Mid-Year | | | | | |
| | Annual | | | | | |
| F. Obtained food assistance | Mid-Year | | | | | |
| | Annual | | | | | |
| G. Obtained non-emergency LIHEAP energy assistance | Mid-Year | | | | | |
| | Annual | | | | | |
| H. Obtained non-emergency WX energy assistance | Mid-Year | | | | | |
| | Annual | | | | | |
| I. Obtained other non-emergency energy assistance. (State/local/private energy programs. Do Not Include LIHEAP or WX) | Mid-Year | | | | | |
| | Annual | | | | | |
| <i>In the rows below, please include any additional indicators for NPI 6.4 that were not captured above.</i> | | | | | | |
| | Mid-Year | | | | | |
| | Annual | | | | | |

CSBG/NPI Programs Report

Goal 6: Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other supportive environments.

NPI 6.5: Service Counts

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

| National Performance Indicator 6.5 | | 1 | 2 | 3 | 4 |
|---|---------------------|--|--|--|---|
| Service Counts | Reporting Period | Number of Services Expected in Reporting Period (#) | Number of Services in Reporting Period (#) | Percentage Achieving Outcome in Reporting Period (2/1=3) (%) | Explanations Required (Report on last tab) |
| The number of services provided to low-income individuals and/or families, as measured by one or more of the following: | | | | | |
| A. Food Boxes | Mid-Year | | | | |
| | Annual | | | | |
| B. Pounds of Food | Mid-Year | | | | |
| | Annual | | | | |
| C. Units of Clothing | Mid-Year | | | | |
| | Annual | | | | |
| D. Rides Provided | Mid-Year | | | | |
| | Annual | | | | |
| E. Information and Referral Calls | Mid-Year | | | | |
| | Annual | | | | |
| <i>In the rows below, please include any additional indicators for NPI 6.5 that were not captured above.</i> | | | | | |
| | Mid-Year | | | | |
| | Annual | | | | |

CSBG/NPI Programs Workplan and Report Instructions

Purpose

The CSBG/NPI Programs Report (CSD 801) is used as a Community Action Plan (CAP) workplan, contract workplan and progress reporting form. This form is used to establish performance expectations and goals over the contract term. The Progress Report will capture the agency's success in achieving the goals. The goals and National Performance Indicators (NPI) used in the CSD 801 form are National Goals and Indicators, which CSD is required to annually track and report the outcomes to the U.S. Health and Human Services Agency (HHS), Office of Community Services (OCS), and the National Association of Community Service Programs (NASCSP).

There are six (OCS) Goals and under each goal is a list of indicators that pertain to that goal. The listed indicators were created and taken from the OCS Guide to Organizing and Reporting National Indicators of Community Action Performance, which was created in collaboration within the Community Services Network.

Format of Document

This format is created in an Excel template and designed to be completed and submitted electronically. The CSD 801 is one (1) workbook, broken down into 9 worksheets. At the bottom of the Excel screen are tabs labeled for each goal (1-6), as well as instructions and an explanations section.

- The initial tab, "NPI Guide", contains the NASCSP Instructional Manual. Please read the guide in order to understand what should be reported on the OCS Goals. This manual is useful when completing the NPIs.
- The second tab, "Instructions" contains these instructions as a reference.
- The subsequent tabs are labeled Goals 1 through 6 Workplan and Goals 1 through 6 Reporting.

The entire workbook must be submitted electronically by the due date to CSBGReports@csd.ca.gov. In the subject line, please indicate the agency name the report is being submitted for and contract number. (Example: CAP CSD, 11F-XXXX.)

Completing the NPI Workplan (CAP and Contract Workplan)

- At the beginning of the "Goal 1 Workplan" tab provide your contract number, report period, contractor's name, contact person and title, phone number, fax number and e-mail address. This information will only need to be provided once. The data will automatically populate into all other tabs from the "Goal 1" tab.
- Put an X in the upper right hand box, indicating CAP, Workplan, and the for the Workplan and. Indicate the contract number is next to the Contract Workplan Number.
- **Problem Statement:** In this section you should clearly and

CSBG/NPI Programs Workplan and Report Instructions, Con't

thoroughly describe the problems facing low-income individuals in your community as it relates to achieving each goal. This information should be detailed and include who is effected, what specifically is the problem, where the problem exists and why it exists.

- **Program Activities and Delivery Strategies:** In this section, provide a detailed description of the programs or activities undertaken in order to alleviate the barriers to self-sufficiency identified in the problem statement.
- **Number of Participants/Units Expected to Achieve Outcome in Reporting Period:** This column will be filled out on the Workplan for Goals 1 through 6. Provide the number of participants/units Expected to Achieve for the mid-year and annual reporting period for each indicator. The Workplan numbers will be automatically populated into the Reporting tabs for Goals 1 through 6.
- **ALL DATA FIGURES** should be **NUMERICAL**. If the indicator does not apply to your agency's work, or data pertaining to that question is not available, leave the cell blank. Do not use percentages, fractions, abbreviations or alpha text.

Sample NPI Workplan

Goal 1: Low-income people become more self-sufficient.

NPI 1.1: Employment

Problem Statement: (If additional space is needed, please attach a separate sheet.)

Young women and men in Sacramento County have a difficult time finding gainful employment due to a lack of skills and education. When employed, this population commonly is employed in minimum wage jobs that do not provide health benefits.

Program Activities and Delivery Strategies: (If additional space is needed, please attach a separate sheet.)

The Youth into Jobs program will provide job search and resume assistance in the Young People to Work Program. This program will track individuals in the program to ensure they are in employment that will be maintained and increase their wages.

| National Performance Indicator 1.1 | | WORKPLAN | |
|---|---|---|----|
| Employment | Reporting Period | Number of Participants Expected to Achieve Outcome in Reporting Period (if) | |
| The number and percentage of low-income participants in Community Action employment initiatives who get a job or become self-employed, as measured by one or more of the following: | A. Unemployed and obtained a job | Mid-Year | 5 |
| | | Annual | 10 |
| | B. Employed and maintained a job for a least 90 days | Mid-Year | |
| | | Annual | |
| | C. Employed and obtained an increase in employment income and/or benefits | Mid-Year | 20 |
| | | Annual | 40 |
| | D. Achieved "living wage" employment and/or benefits | Mid-Year | |
| | | Annual | |
| In the rows below, please include any additional indicators for NPI 1.1 that were not captured above | | Mid-Year | |
| | | Annual | |

Completing the NPI Reporting – Mid-Year

- Put an X in the upper right hand box indicating, Mid-Year Progress Report. The Mid Year Progress Report covers the term of January through June. Each Report will reflect the agency's success in achieving the outcomes. Also,

CSBG/NPI Programs Workplan and Report Instructions, Con't

indicate the contract number is next to the Contract Workplan Number.

- For the Mid-Year Progress Report, covering January through June, only report data on the grey sections.
- **Number of Participants/Units Expected to Achieve Outcome in Reporting Period:** The Workplan numbers will be automatically populated into the Reporting Document for Goals 1 through 6.
- **Number of Participants/Units Enrolled in Program(s) in Reporting Period:** Enter actual number enrolled in program (s) for the reporting period.
- **Number of Participants/Units Achieving Outcome in Reporting Period:** Enter the number that achieved the outcome for the reporting period.
- **Percentage Achieving Outcome in Reporting Period:** This field requires no data entry and will be automatically calculated from previous columns.
- **Required Explanation:** This field requires no data entry and will be automatically calculated from previous columns. If a response is required, provide the explanation for the variance on the last tab, "Required Explanations". The acceptable range for achievement for each reporting period is 80% to 120% of what the agency expected to achieve.
- ALL DATA FIGURES should be NUMERICAL. If the indicator does not apply to your agency's work, or data pertaining to that question is not available, leave the cell blank. Do not use percentages, fractions, abbreviations or alpha text.

Sample NPI Reporting – Mid-Year

| Goal 1: Low-income people become more self-sufficient. | | | | | | |
|---|----------|--|---|--|--|--|
| National Performance Indicator 1.1 | | 1 | 2 | 3 | 4 | 5 |
| Employment | | Number of Participants Expected to Achieve Outcome in Reporting Period (#) | Number of Participants Enrolled in Program(s) in Reporting Period (#) | Number of Participants Achieving Outcome in Reporting Period (#) | Percentage Achieving Outcome in Reporting Period (3/1=4) (%) | Explanations Required (Report on last tab) |
| The number and percentage of low-income participants in Community Action employment initiatives who get a job or become self-employed, as measured by one or more of the following: | | | | | | |
| A. Unemployed and obtained a job | Mid-Year | 5 | 2 | 3 | 60% | Explanation |
| | Annual | | | | | |
| B. Employed and maintained a job for a least 90 days | Mid-Year | | | | | |
| | Annual | | | | | |
| C. Employed and obtained an increase in employment income and/or benefits | Mid-Year | 20 | 15 | 12 | 60% | Explanation |
| | Annual | | | | | |
| D. Achieved "living wage" employment and/or benefits | Mid-Year | | | | | |
| | Annual | | | | | |
| In the rows below, please include any additional indicators for NPI 1.1 that were not captured above. | | | | | | |
| | Mid-Year | | | | | |
| | Annual | | | | | |

CSBG/NPI Programs Workplan and Report Instructions, Con't

Completing the NPI Reporting – Annual

- Put an X in the upper right hand box indicating, Annual Report. The Annual Report covers the term of January through December. Each Report will reflect the agency's success in achieving the outcomes. Also, indicate the contract number is next to the Contract Workplan Number.
- For the Annual Report, covering January through December, report data on the blue sections. Do not delete the data that was reported for the Mid-Year Progress Report.
- **Number of Participants/Units Expected to Achieve Outcome in Reporting Period:** The Workplan numbers will be automatically populated into the Reporting Document for Goals 1 through 6.
- **Number of Participants/Units Enrolled in Program(s) in Reporting Period:** Enter actual number enrolled in program (s) for the reporting period.
- **Number of Participants/Units Achieving Outcome in Reporting Period:** Enter the number that achieved the outcome for the reporting period.
- **Percentage Achieving Outcome in Reporting Period:** This field requires no data entry and will be automatically calculated from previous columns.
- **Required Explanation:** This field requires no data entry and will be automatically calculated from previous columns. If a response is required, provide the explanation for the variance on the last tab, "Required Explanations". The acceptable range for achievement for each reporting period is 80% to 120% of what the agency expected to achieve.
- ALL DATA FIGURES should be NUMERICAL. If the indicator does not apply to your agency's work, or data pertaining to that question is not available, leave the cell blank. Do not use percentages, fractions, abbreviations or alpha text.

Sample NPI Reporting – Annual

Goal 1: Low-income people become more self-sufficient.

| National Performance Indicator 1.1 | | 1 | 2 | 3 | 4 | 5 |
|---|------------------|--|---|--|--|--|
| Employment | Reporting Period | Number of Participants Expected to Achieve Outcome in Reporting Period (#) | Number of Participants Enrolled in Program(s) in Reporting Period (#) | Number of Participants Achieving Outcome in Reporting Period (#) | Percentage Achieving Outcome in Reporting Period (3/1=4) (%) | Explanations Required (Report on last tab) |
| The number and percentage of low-income participants in Community Action employment initiatives who get a job or become self-employed, as measured by one or more of the following: | | | | | | |
| A. Unemployed and obtained a job | Mid-Year | 5 | 2 | 3 | 60% | Explanation |
| | Annual | 10 | 10 | 8 | 80% | |
| B. Employed and maintained a job for at least 90 days | Mid-Year | | | | | |
| | Annual | | | | | |
| C. Employed and obtained an increase in employment income and/or benefits | Mid-Year | 20 | 15 | 12 | 60% | Explanation |
| | Annual | 40 | 35 | 35 | 88% | |
| D. Achieved "living wage" employment and/or benefits | Mid-Year | | | | | |
| | Annual | | | | | |
| In the rows below, please include any additional indicators for NPI 1.1 that were not captured above. | | | | | | |
| | Mid-Year | | | | | |
| | Annual | | | | | |

EXHIBIT B
(Standard Agreement)

ATTACHMENT III

CSBG CLIENT CHARACTERISTIC DATA

Contractor shall also complete and submit to CSD the CSD 295, which captures demographical data on clients served by the contractor's programs. Contractor is to submit the CSD 295 to CSD no later than July 20, 2012 for the midyear programmatic report and on January 20, 2013 for the annual programmatic report. *(The CSD 295 does not need to be returned with the contract.)*

Remember to include All Other ARRA Data

Please use the CSD 295 Client Characteristic Report Instructions and Helpful Hints to complete this form.

| | | | |
|---------------------|--|----------------|--|
| 1 Contractor Name: | | Contract #: | |
| Prepared By (name): | | Report Period: | |
| Phone Number: | | Email address: | |

Demographic data should be collected on ALL clients receiving services under any program administered by the designated Community Action Agency.

Yellow Highlighted Sections represent demographics collected on INDIVIDUALS

| | |
|---|---|
| 2 Total unduplicated number of persons about whom one or more characteristics were obtained | 0 |
| 3 Total unduplicated number of persons about whom no characteristics were obtained | |

Blue Highlighted Sections represent demographics collected on FAMILIES

| | |
|--|--|
| 4 Total unduplicated number of families about whom one or more characteristics were obtained | |
| 5 Total unduplicated number of families about whom no characteristics were obtained | |

| 6. Gender Number of Persons* a. Male b. Female *Total 0 | | 12. Family Size Number of Families*** a. One b. Two c. Three d. Four e. Five f. Six g. Seven h. Eight or more ***Total 0 | | | | | | | | | | | | | |
|--|-----|---|---------|----|---------|---------------------|--|--|---|-------------|--|--|---|--|--|
| 7. Age Number of Persons* a. 0-5 b. 6-11 c. 12-17 d. 18-23 e. 24-44 f. 45-54 g. 55-69 h. 70+ Sum of 7e thru 7h = 0 *Total 0 | | 13. Source of Family Income Number of Families a. Unduplicated # of Families Reporting One or More Sources of Income*** b. Unduplicated # of Families Reporting No Income Total UNDUP Families who responded as either having a source of income or having no income *** 0 | | | | | | | | | | | | | |
| 8. Ethnicity/Race I. Ethnicity a. Hispanic, Latino or Spanish Origin b. Not Hispanic, Latino or Spanish Origin *Total 0 II. Race a. White b. Black or African American c. American Indian and Alaskan Native d. Asian e. Native Hawaiian and Other Pacific Islander f. Other g. Multi-Race (any 2 or more of the above) *Total 0 | | Record the sources of each family income as reported in 13a above: c. TANF d. SSI e. Social Security f. Pension g. General Assistance h. Unemployment Insurance i. Employment + Other Source j. Employment only k. Other ****Total (c. through k.) 0 | | | | | | | | | | | | | |
| 9. Education Level of Adults Number of Persons 24+** a. 0-8 b. 9-12/Non-Graduate c. High School Graduate/GED d. 12+ Some Post Secondary e. 2 or 4 yr. College Graduates ** Total 0 | | 14. Level of Family Income % of HHS guideline Number of Families*** a. Up to 50% b. 51% to 75% c. 76% to 100% d. 101% to 125% ***** e. 126% to 150% ***** f. 151% to 175% ***** g. 176% to 200% ***** h. 201% and over ***** ***Total 0 | | | | | | | | | | | | | |
| 10. Other Characteristics Number of Persons* <table border="1"> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Total *</th> </tr> <tr> <td>a. Health Insurance</td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>b. Disabled</td> <td></td> <td></td> <td>0</td> </tr> </table> | | | Yes | No | Total * | a. Health Insurance | | | 0 | b. Disabled | | | 0 | 15. Housing Number of Families*** a. Own b. Rent c. Homeless d. Other ***Total 0 | |
| | Yes | No | Total * | | | | | | | | | | | | |
| a. Health Insurance | | | 0 | | | | | | | | | | | | |
| b. Disabled | | | 0 | | | | | | | | | | | | |
| 11. Family Type Number of Families*** a. Single Parent/Female b. Single Parent/Male c. Two-Parent Household d. Single Person e. Two Adults - No Children f. Other ***Total 0 | | 16. Other family characteristics Number of Families*** a. Farmer b. Migrant Farmworker c. Seasonal Farmworker | | | | | | | | | | | | | |

* The sum in this category should not exceed the value of Section 2.

** The sum in this category should not exceed the value of Section 7, e-h.

*** The sum in this category should not exceed the value of Section 4.

**** The sum in this category should be greater than or equal to Section 13.a.

***** Reminder, September 30, 2010 was the cutoff date for reporting CSBG clients served up to 200% of the Federal Poverty Guidelines.

CSD 295 INSTRUCTIONS

Purpose: To assist in the completion of the CSD 295—Client Characteristic Report.

- The 295 is designed to collect demographics on all clients served by the agency.
 - ✓ *Non-Profit Agencies: data is to be collected for all clients served by any of the programs administered by the Community Action Agency.*
 - ✓ *Local Government Agencies: data is to be collected for all clients served by the CSBG program. Additionally, client data is to be captured for all clients served by all programs administered external to CSBG.*

Retrieving the form:

- This form can be downloaded from the CSD Web Page at www.csd.ca.gov.
- The correct form should have the revision date of 2011.
- Use the form as is – do not recreate or alter the form in any way. Any form that has been altered or recreated will not be accepted.

Completing the CSD 295:

- Use the Tab key to navigate to the next data entry cell, using Shift & Tab will send you to the previous data entry cell.
- Do not use characters such as N/A, if the data is unavailable or not applicable to your agency, leave the cell blank.
- Please note that zeros should not be used to indicate that you do not collect that information, but rather used to indicate the null value (0).

Printing the form for your records:

- When printing the 295 for your records, the form should be already formatted. However some printers, have different defaults that can alter the settings set by CSD. Therefore if you are experiencing the following problems here are some solutions to try:
 - **One or more columns are printing on a separate page:**
 1. Go to view,
 2. Click Page Break Preview. (This will show where the page is breaking with either blue solid lines and/or blue broken lines.)
 3. Click and grab the blue line that is breaking the columns and drag to the last column. (This should reformat the page to one page wide.)
 4. Select print and the problem should be corrected.

Submitting the forms:

- Please do not send hard copies of the CSD 295, CSD only wants the electronic copy.
- Submit the report via e-mail to CSBGReports@csd.ca.gov by January 20.
- Please do not send the reports directly to your Field Representative or Field Operations managers. Please only send a copy to CSBGReports@csd.ca.gov.

CSD 295 –General Hints:

- Make sure to use the correct CSD 295 reporting form. This form has a revision date of 2011.
- The cells that show a red triangle in the right corner are cells that have a comment/reminder to assist in the completion of the form. To see the comment place the mouse in that cell and the message will pop up. Another option is to right click in the cell with a comment and choose *show comment* **and** the comment will appear permanently. To hide the comment, right click in the cell again and choose *hide comment* and it will disappear.
- If any of the TOTAL boxes turn red in any section, then you will need to check the footnotes to verify that the values were entered correctly. The value must be corrected prior to submitting this form to CSD. Below is the list of footnotes that are on the CSD 295 form.
 - ✓ * The sum in this category should not exceed the value of Section 2.
 - ✓ ** The sum in this category should not exceed the value of Section 7e-h.
 - ✓ *** The sum in this category should not exceed the value of Section 4.
 - ✓ **** The sum in this category should be greater than or equal to Section 13.a.
 - ✓ ***** Reminder, September 30, 2010 was the cutoff date for reporting CSBG clients served up to 200% of the Federal Poverty Guidelines.

Sections 2, 3, and 6-10 collect INDIVIDUAL demographic data:

Sections 4, 5 and 11-16 collect FAMILY demographic data.

Both Individual AND Family demographic data should be collected on all clients.

1 client = 1 individual and 1 family.

4 clients from same family = 4 individuals and 1 family.

"Family" is self-defined by the client(s) being served.

Section 1:

- Enter contractor name, preparer's name, phone number, contract number, reporting period, and email address.

Sections 2, 3 and 6 – 10 Collects Demographics on INDIVIDUALS

Section 2- Total unduplicated number of persons about whom one or more characteristics were obtained:

- To the extent possible, agencies should attempt to report unduplicated counts.
- To obtain unduplicated counts, an agency will need to have a system to distinguish each individual so the number of services the individual is provided can be assigned to that individual.
 - ✓ For example: if a person enters an agency and receives seven different services, an unduplicated count would record one person, not seven services.

Section 3 – Total unduplicated number of persons about whom no characteristics were obtained:

- Enter the total number of persons for whom characteristics were not obtained.
 - ✓ Please note: This would include any clients that were served, however demographics were not collected.

Section 6 – Gender:

- Report the Gender on individuals receiving services.
- Make sure that the total of this section does not exceed the value in Section 2. See Asterisk Note * on the bottom of CSD 295.
 - ✓ If the total box of this section is red then the total exceeds the value in section 2. This data will need to be corrected prior to submitting this form to CSD.

Section 7—Age:

- Report the age of the individuals receiving services.
- Make sure that the total of this section does not exceed the value in Section 2. See Asterisk Note * on the CSD 295.

✓ If the total box of this section is red then the total exceeds the value in section 2. This data will need to be corrected prior to submitting this form to CSD.

Section 8 – Ethnicity and Race:

- Report one ethnicity AND one race for each individual receiving services.
- Ethnicity and Race are determined by self-identification: *Ethnicity and Race shall not be limited to being biologically or genetically determined, it can also be thought of in terms of social and cultural characteristics as well as ancestry.*
- Make sure that the total of this section does not exceed the value in Section 2. See Asterisk Note * on the CSD 295.

✓ If the total box of this section is red then the total exceeds the value in section 2. This data will need to be corrected prior to submitting this form to CSD.

Section 9 – Education Level of Individuals 24 years or older:

- Only collect the education level of those individuals receiving services that are 24 years or older.
- The total of this section cannot exceed the sum of Section 7e-7h. See Asterisk Note ** on the CSD 295.

✓ If the total box of this section is red then the total exceeds the value in section 2. This data will need to be corrected prior to submitting this form to CSD.

Section 10 – Other Characteristics:

- Report the number of individuals receiving services that were surveyed about their health insurance or disability. All individuals that are asked about each of the two items should be reported in the # Surveyed column. Of those surveyed, the number that report having no health insurance and/or disabled should be reported in the # of Persons column. If an individual receiving services has any form of health insurance, including Medicare or Medicaid, they should be included in the # surveyed column only. Do not count any other family members.
- The definition of "disabled" used in this form is taken from the Americans With Disabilities Act of 1990: "The term disability means, with respect to an individual (a) a physical or mental impairment that substantially limits one or more of the major life activities of such individual, (b) a record of such an impairment, (c) being regarded as having such an impairment." Any individual who responded to this question but is not disabled should be included in the # Surveyed column only.
- The number reported under the column # of Persons should not exceed the number reported under # Surveyed for that line item.
- Make sure that the total of this section does not exceed the value in Section 2. See Asterisk Note * on the CSD 295.

✓ If the total box of this section is red then the total exceeds the value in section 2. This data will need to be corrected prior to submitting this form to CSD.

Sections 4, 5 and 11-16 Collects Demographics on FAMILIES

Section 4 – Total Unduplicated number of families about whom one or more characteristics were obtained:

- To the extent possible the numbers reported here should be unduplicated.

- This requires that a similar system of unique identifiers be in place, which, in addition to identifying an individual, also identifies a family.
 - ✓ For example: if a family member comes in and receives four services and another family member comes in and receives six services, an unduplicated count would record one family, and two individuals.

Section 5 – Total unduplicated number of families about whom no characteristics were obtained:

- Enter the total number of families for whom characteristics were not obtained. Please note: This number would include clients that were served, but demographics were not collected on the family.
- To the extent possible the numbers reported here should be unduplicated.

Section 11 – Family Type:

- Based on the clients, family composition, report the type of family. If the family type of the recipient is not reflected in one of these types please mark "other."
- Make sure that the total of this section does not exceed the value in Section 4. See Asterisk Note *** on the CSD 295.
 - ✓ If the total box of this section is red then the total exceeds the value in section 4. This data will need to be corrected prior to submitting this form to CSD.

Section 12 – Family Size:

- Report the number of persons in the client's family.
- Make sure that the total of this section does not exceed the value in Section 4. See Asterisk Note *** on the CSD 295.
 - ✓ If the total box of this section is red then the total exceeds the value in section 4. This data will need to be corrected prior to submitting this form to CSD.

Section 13 – Source of Family Income:

- 13.a: Enter the total number of families reporting one or more sources of income
- 13.b: Enter the total number of families reporting NO income
- Please enter the type or types of income received by all persons in the family.
- Food Stamps, Medicaid and other in-kind benefits (LIHEAP, WAP, etc.) will not be included in these calculations.
 - ✓ Item 13.a: Unduplicated # of Families Reporting One or More Sources of Income: With this Section we are attempting to collect an unduplicated count of families who indicated that the household receives one or more sources of income.
 - ✓ Item 13.b: Unduplicated # of Families Reporting No Income: This section attempts to collect an unduplicated count of families who indicate that the household has no income.
 - ✓ Item 13.c: TANF: Enter the unduplicated number of families who receive funds from the HHS Temporary Assistance for Needy Families program.
 - ✓ Item 13.d: SSI - Supplemental Security Income: This is federal assistance usually provided to persons whose Social Security payments are inadequate. Please enter the unduplicated number of families who receive SSI benefits.
 - ✓ Item 13.e: Social Security: Enter the unduplicated number of families who receive Social Security benefits.
 - ✓ Item 13.f: Pension: Any type of income earned from private pensions, e.g., company retirement, IRA income or 401(k). Please enter the number of families who receive Pension benefits.
 - ✓ Item 13.g: General Assistance: This is usually a state-funded program available for emergencies and in some instances becomes a regular source of income for single clients. It has a variety of names, for instance, in some states it is called General Relief. Please enter the unduplicated number of families that receive General Assistance.
 - ✓ Item 13.h: Unemployment insurance payments: Enter the unduplicated number of families that receive Unemployment Insurance payments.

- ✓ Item 13.i: Employment plus any other sources: Enter the unduplicated number of families that have income from employment and from any other sources such as those included in this list.
 - ✓ Item 13.j: Employment only: Please enter the unduplicated number of families for whom employment is the only source of income. Employment is considered wages and salaries before deductions and self-employed income less operating expenses. Sections 13.i and 13.h are mutually exclusive.
 - ✓ Item 13.k: Other: Enter the unduplicated number of families that report other sources of income, including investments, rent, etc.
- Make sure the values reported in Item 13.a and 13.b do not exceed the value in Section 4. See Asterisk Note *** on the CSD 295
 - ✓ If the total box of this section is red then the total exceeds the value in section 4. This data will need to be corrected prior to submitting this form to CSD.
 - The value in items 13.c-k should be greater than or equal to the value reported in item 13.a. See Asterisk Note **** on the CSD 295
 - For all the items you will report the number of families receiving that source, not the number of individuals in the family receiving the source.
 - ✓ For example: A family of four, where both parents are employed and the mother is receiving SSI, and the father and mother has 2 types of investments would be reported as follows:
 - Item 13.a = 1
 - Item 13.d = 1
 - Item 13.i = 1
 - Item 13.k = 1

Each item they have would be reported as 1, even though both parents are working because they are 1 family.

Section 14 – Level of Family Income % of HHS Guidelines:

- Section refers to income levels of the families served compared to the current HHS Poverty Income Guidelines, published annually in the Federal Register.
- Make sure that the total of this section does not exceed the value in Section 4. See Asterisk Note *** on the CSD 295.
 - ✓ If the total box of this section is red then the total exceeds the value in section 4. This data will need to be corrected prior to submitting this form to CSD.

Section 15 – Housing:

- Report the housing situation of the family:
 - ✓ Item 15.a: Own: Enter the number of families that own their home:
 - ✓ Item 15.b: Rent: Enter the number of families that rent their housing. Rent can be considered as money or services exchanged for housing and payment of a portion of rent in units shared with others.
 - ✓ Item 15.c: Homeless: Enter the number of families that were homeless. The definition of the term "Homeless" used for this form, taken from the Stewart B. McKinney Homeless Assistance Act, follows: "Homeless" or "homeless individual" includes: (1) An individual who lacks a fixed, regular, and adequate nighttime residence; and (2) An individual who has a primary nighttime residence that is: A supervised, publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); An institution that provides a temporary residence for individuals intended to be institutionalized; A temporary, makeshift arrangement in the accommodations of other persons or A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings." The term "homeless" or "homeless individual" does not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress or a State law.
 - ✓ Item 15.d: Other: If neither Items 15.a, 15.b nor 15.c describe the family's housing situation record them here.

- Make sure that the total of this section does not exceed the value in Section 4. See Asterisk Note *** on the CSD 295.
 - ✓ If the total box of this section is red then the total exceeds the value in section 4. This data will need to be corrected prior to submitting this form to CSD.

Section 16 – Other Family Characteristics:

- Report families that are farmworkers in the categories below:
 - ✓ Item 16.a: Farmer: Enter the number of families served who are farmers. The value of this item should not exceed the value in Section 4.
 - ✓ Item 16.b: Migrant Farmworker: Enter the number of families served who are migrant farm workers. The value of this item should not exceed the value in Section 4.
 - ✓ Item 16.c: Seasonal Farmworker: Enter the number of families served who are seasonal farm workers. The value of this item should not exceed the value in Section 4.
- Make sure that the value of each item in this section does not exceed the value in Section 4. See Asterisk Note *** on the CSD 295.

If you need further training and technical assistance, please contact your assigned Field Representative.

CSD 295 - Client Characteristics Report Quick Check

- ✓ **Is item 4 greater than item 2? It should not be.**
 - ✖ For example: one family of 4 comes in for services. This would mean that 4 individuals are receiving service (Item 2) and 1 Family is receiving services (Item 4).
 - ✖ The numbers reported in items 2 & 4 should be comparable (item 2 will probably always be greater). Since every individual is a family of one- it should not happen where an agency serves 10,000 individuals and only 500 families. This should tell you that the agency is collecting families. this should tell you that the agency is collecting family information on all clients.
 - ✖ This information also applies to item 3 & 5.
- ✓ **Is the total in item 6 greater than item 2? It should not be.**
 - ✖ The agency should not report the ages of more people than they report serving.
- ✓ **Is the total in item 8 greater than item 2? It should not be.**
 - ✖ the agency should not report the ages of more people than they report serving.
- ✓ **Is the total in Item 8 greater than Item 2? It should not be.**
 - ✖ The agency should not be reporting the ethnicity of more people than they report serving.
 - ✖ **Common Error:** Often the total reported in item 8-1 is far below the number reported in Item 2-- this is not necessarily wrong. However, if this happens it does tell you that the agency is not collecting the ethnicity of all their clients.
- ✓ **Is the total in Item 9 greater than the total of Item 7.e-h? It should not be.**
 - ✖ Item 9 is collecting the education level of adults only (individuals 24 years old or older). Therefore, you add up the totals reported in Item 7e-h only. The total in Item 9 cannot be greater than this total.
- ✓ **Is each total in Item 10 greater than Item 2? It should not be.**
 - ✖ The agency should not be reporting health insurance of more than they reported serving.
 - ✖ The agency should not be reporting disable persons of more than they reported serving.
- ✓ **Is the total in Item 11 greater than the total in Item 4? It should not be.**
 - ✖ The agency should not be reporting the family type of more families than they report serving
- ✓ **Is the total in Item 12 greater than the total in Item 4? It should not be.**
 - ✖ the agency should not be reporting the family size of more families than they report serving.
- ✓ **Is the total in Item 13a greater than Item 4? It should not be.**
 - ✖ The total numbers of families reporting one or more sources of income should not be greater than the total number of families the agency report serving

- ✓ **Is the total in Item 13b greater than Item 4? It should not be.**
 - ⊗ The total numbers of families reporting no income should to be greater than the total number of families the agency reports serving.
- ✓ **Look at each total in Item 13c-13k. Are any of these individual line item totals greater than 13a? They should not be.**
 - ⊗ Each family reports each source of income only once (even if two family members receive SSI, they would only report the source once). So, the total number of families reporting each source of income cannot be greater than the total number of families the agency is reporting thy collected sources of income on.
 - ⊗ Note: the total 13c-13k should be greater than or equal to the total number of families the agency reports serving in 13a.
- ✓ **Is the total in Item 14 greater than Item 4? It should not be.**
 - ⊗ The total number of families reporting their family income should not be greater than the total number of families the agency reports serving.
- ✓ **Is the total in Item 15 greater than Item 4? It should not be.**
 - ⊗ The total number of families reporting their housing type should not be greater than the total number of families the agency reports serving.
- ✓ **Is the total in Item 16 greater than Item 4? It should not be.**
 - ⊗ the total number of families reporting their other characteristic should not be greater than the total number of families the agency reports serving.

EXHIBIT B
(Standard Agreement)

ATTACHMENT IV

2012 CSBG ALLOCATION SPREADSHEET

Contract Year 2012 CSBG Allocation Spreadsheet

State of California
Department of Community Services and Development
2012 CSBG Allocation
CAAS

| County | Agency | Contract Number | 2012 ALLOCATION | | | 2012 ADVANCE | |
|----------------------|--|-----------------|--|-----------------------------------|----------------------|---------------------------|------------------------------|
| | | | Total Estimated Allocation (For Budgeting) | First Release (11/4/11) PCA 40112 | Total 2012 Contract* | First Available (11/4/11) | Total 2012 Advance Available |
| | | | | | | | |
| Alameda | Berkeley CAA | 12F-4401 | 252,454 | 37,185 | 37,185 | 37,185 | 37,185 |
| Alameda | City of Oakland, Department of Human Services | 12F-4402 | 1,253,958 | 184,699 | 184,699 | 184,699 | 184,699 |
| Alpine | Inyo Mono Advocates for Community Action, Inc. | 12F-4403 | 2,150 | 317 | 317 | 317 | 317 |
| Amador/Tuolumne | Amador/Tuolumne CAA | 12F-4404 | 247,176 | 36,407 | 36,407 | 36,407 | 36,407 |
| Butte | CAA of Butte County, Inc. | 12F-4405 | 357,659 | 52,681 | 52,681 | 52,681 | 52,681 |
| Calaveras/Mariposa | Calaveras-Mariposa CAA | 12F-4406 | 246,542 | 36,314 | 36,314 | 36,314 | 36,314 |
| Colusa | SEE GLEN | | | | | | |
| Contra Costa | Contra Costa Employment & Human Services Dept/CSB | 12F-4407 | 653,846 | 96,307 | 96,307 | 96,307 | 96,307 |
| Del Norte | Del Norte Senior Center | 12F-4408 | 43,418 | 6,395 | 6,395 | 6,395 | 6,395 |
| El Dorado | El Dorado County Department of Human Services | 12F-4409 | 248,399 | 36,587 | 36,587 | 36,587 | 36,587 |
| Fresno | Fresno County EOC | 12F-4410 | 1,635,690 | 240,925 | 240,925 | 240,925 | 240,925 |
| Glenn/Colusa/Trinity | Glenn County Human Resource Agency | 12F-4411 | 247,923 | 36,517 | 36,517 | 36,517 | 36,517 |
| Humboldt | Redwood CAA | 12F-4412 | 254,652 | 37,508 | 37,508 | 37,508 | 37,508 |
| Imperial | Campesinos Unidos, Inc. | 12F-4413 | 271,254 | 39,954 | 39,954 | 39,954 | 39,954 |
| Inyo/Mono | Inyo Mono Advocates for Community Action, Inc. | 12F-4414 | 244,866 | 36,067 | 36,067 | 36,067 | 36,067 |
| Kern | CAP of Kern | 12F-4415 | 1,196,355 | 176,214 | 176,214 | 176,214 | 176,214 |
| Kings | Kings CAO, Inc. | 12F-4416 | 253,338 | 37,315 | 37,315 | 37,315 | 37,315 |
| Lake/Mendocino | North Coast Opportunities | 12F-4417 | 497,500 | 73,278 | 73,278 | 73,278 | 73,278 |
| Lassen/Plumas/Sierra | Lassen/Plumas/Sierra CAA | 12F-4418 | 246,225 | 36,267 | 36,267 | 36,267 | 36,267 |
| Los Angeles | Foothill Unity Center | 12F-4419 | 351,211 | 51,731 | 51,731 | 51,731 | 51,731 |
| Los Angeles | Long Beach CSDC, Inc. | 12F-4420 | 944,875 | 139,173 | 139,173 | 139,173 | 139,173 |
| Los Angeles | County of Los Angeles Dept of Public Social Services | 12F-4421 | 6,683,336 | 984,406 | 984,406 | 984,406 | 984,406 |
| Los Angeles | City of Los Angeles, CDD, HS & NDD | 12F-4422 | 7,316,982 | 1,077,737 | 1,077,737 | 1,077,737 | 1,077,737 |
| Madera | CAP of Madera County, Inc. | 12F-4423 | 254,878 | 37,542 | 37,542 | 37,542 | 37,542 |
| Marin | Community Action Marin | 12F-4424 | 250,596 | 36,911 | 36,911 | 36,911 | 36,911 |
| Mariposa | SEE CALAVERAS | | | | | | |
| Mendocino | SEE LAKE | | | | | | |
| Merced | Merced County CAA | 12F-4425 | 411,395 | 60,595 | 60,595 | 60,595 | 60,595 |
| Modoc/Siskiyou | Modoc-Siskiyou CAA | 12F-4426 | 247,923 | 36,517 | 36,517 | 36,517 | 36,517 |
| Mono | SEE INYO | | | | | | |
| Monterey | Monterey County CAP | 12F-4427 | 472,007 | 69,523 | 69,523 | 69,523 | 69,523 |
| Napa | Community Action Napa Valley | 12F-4428 | 247,855 | 36,507 | 36,507 | 36,507 | 36,507 |
| Nevada | Nevada County Dept of Housing & Community Services | 12F-4429 | 246,610 | 36,324 | 36,324 | 36,324 | 36,324 |
| Orange | CAP of Orange County | 12F-4430 | 2,644,188 | 389,469 | 389,469 | 389,469 | 389,469 |

State of California
Department of Community Services and Development
2012 CSBG Allocation
CAAs

Attachment IV

| County | Agency | Contract Number | 2012 ALLOCATION | | | 2012 ADVANCE | |
|---------------------|--|-----------------|--|-----------------------------------|----------------------|---------------------------|------------------------------|
| | | | Total Estimated Allocation (For Budgeting) | First Release (11/4/11) PCA 40112 | Total 2012 Contract* | First Available (11/4/11) | Total 2012 Advance Available |
| | | | | | | | |
| Placer | County of Placer Dept of Health and Human Services | 12F-4431 | 249,940 | 36,814 | 36,814 | 36,814 | 36,814 |
| Plumas | SEE LASSEN | | | | | | |
| Riverside | CAP of Riverside County | 12F-4432 | 1,955,521 | 288,034 | 288,034 | 288,034 | 288,034 |
| Sacramento | Sacramento Employment and Training Agency | 12F-4433 | 1,551,005 | 228,452 | 228,452 | 228,452 | 228,452 |
| San Benito | San Benito County DCS & WD | 12F-4434 | 245,590 | 36,174 | 36,174 | 36,174 | 36,174 |
| San Bernardino | CAP of San Bernardino County | 12F-4435 | 2,406,035 | 354,391 | 354,391 | 354,391 | 354,391 |
| San Diego | County of San Diego, HHSA, CAP | 12F-4436 | 3,091,263 | 455,320 | 455,320 | 455,320 | 455,320 |
| San Francisco | EOC of San Francisco | 12F-4437 | 790,978 | 116,505 | 116,505 | 116,505 | 116,505 |
| San Joaquin | San Joaquin County Dept of Aging & Community Svcs | 12F-4438 | 886,842 | 130,625 | 130,625 | 130,625 | 130,625 |
| San Luis Obispo | CAP of San Luis Obispo County, Inc. | 12F-4439 | 272,113 | 40,080 | 40,080 | 40,080 | 40,080 |
| San Mateo | TBD | 12F-4440 | 371,846 | 54,770 | 54,770 | 54,770 | 54,770 |
| Santa Barbara | CAC of Santa Barbara County, Inc. | 12F-4441 | 503,389 | 74,145 | 74,145 | 74,145 | 74,145 |
| Santa Clara | Sacred Heart Community Services | 12F-4442 | 1,137,031 | 167,476 | 167,476 | 167,476 | 167,476 |
| Santa Cruz | CAB of Santa Cruz County, Inc. | 12F-4443 | 268,246 | 39,511 | 39,511 | 39,511 | 39,511 |
| Shasta | Shasta County CAA | 12F-4444 | 254,901 | 37,545 | 37,545 | 37,545 | 37,545 |
| Sierra | SEE LASSEN | | | | | | |
| Siskiyou | SEE MODOC | | | | | | |
| Solano | CAP of Solano County | 12F-4445 | 286,299 | 42,170 | 42,170 | 42,170 | 42,170 |
| Sonoma | CAP of Sonoma County | 12F-4446 | 331,867 | 48,882 | 48,882 | 48,882 | 48,882 |
| Stanislaus | Central Valley Opportunity Center, Inc. | 12F-4447 | 643,100 | 94,724 | 94,724 | 94,724 | 94,724 |
| Sutter | Sutter County CAA | 12F-4448 | 248,875 | 36,657 | 36,657 | 36,657 | 36,657 |
| Tehama | Tehama County CAA | 12F-4449 | 247,651 | 36,477 | 36,477 | 36,477 | 36,477 |
| Trinity | SEE GLENN | | | | | | |
| Tulare | Community Services & Employment Training, Inc. | 12F-4450 | 790,978 | 116,505 | 116,505 | 116,505 | 116,505 |
| Tuolumne | SEE AMADOR | | | | | | |
| Ventura | Community Action of Ventura County, Inc. | 12F-4451 | 625,905 | 92,191 | 92,191 | 92,191 | 92,191 |
| Yolo | County of Yolo, Dept of Employment & Social Services | 12F-4452 | 272,113 | 40,080 | 40,080 | 40,080 | 40,080 |
| Yuba | Yuba County CSC | 12F-4453 | 248,944 | 36,668 | 36,668 | 36,668 | 36,668 |
| TOTAL, all counties | | | 45,905,693 | 6,761,568 | 6,761,568 | 6,761,568 | 6,761,568 |

* Equals contract facesheet (STD 213, Item 3)

NATIVE AMERICAN INDIANS

| Agency | Contract Number | 2012 ALLOCATION | | | 2012 ADVANCE | |
|---------------------------|-----------------|--|--------------------------------------|----------------------|---------------------------|------------------------------|
| | | A | B | C | D | E |
| | | Total Estimated Allocation (For Budgeting) | First Release (11/4/11) PCA 40312 | Total 2012 Contract* | First Available (11/4/11) | Total 2012 Advance Available |
| Karuk (Core Funding) | 12F-4454 | 42,000 | 6,186 | 6,186 | 6,186 | 6,186 |
| Karuk | 12F-4455 | 60,793 | 8,954 | 8,954 | 8,954 | 8,954 |
| NCIDC (Core Funding) | 12F-4456 | 122,000 | 17,970 | 17,970 | 17,970 | 17,970 |
| NCIDC/LIFE (Core Funding) | | <i>(Included with NCIDC below)</i> | | | | |
| NCIDC | 12F-4457 | 1,756,390 | 258,703 | 258,703 | 258,703 | 258,703 |
| LA City/County NAIC | 12F-4458 | 371,408 | 54,706 | 54,706 | 54,706 | 54,706 |
| TOTAL | | 2,352,591 | 346,519 | 346,519 | 346,519 | 346,519 |

MIGRANT & SEASONAL FARMWORKERS

| Agency | Contract Number | 2012 ALLOCATION | | | 2012 ADVANCE | |
|--|-----------------|--|--------------------------------------|----------------------|---------------------------|------------------------------|
| | | A | B | C | D | E |
| | | Total Estimated Allocation (For Budgeting) | First Release (11/4/11) PCA 40212 | Total 2012 Contract* | First Available (11/4/11) | Total 2012 Advance Available |
| California Human Development Corporation | 12F-4459 | 1,387,426 | 204,358 | 204,358 | 204,358 | 204,358 |
| Proteus, Inc. | 12F-4460 | 2,231,945 | 328,749 | 328,749 | 328,749 | 328,749 |
| Central Valley Opportunity Center, Inc. | 12F-4461 | 542,906 | 79,966 | 79,966 | 79,966 | 79,966 |
| Center for Employment Training | 12F-4462 | 1,870,009 | 275,438 | 275,438 | 275,438 | 275,438 |
| TOTAL | | 6,032,286 | 888,511 | 888,511 | 888,511 | 888,511 |

**LIMITED PURPOSE AGENCIES
 (DISCRETIONARY FUNDS)**

| Agency | Contract Number | 2012 ALLOCATION | | | 2012 ADVANCE | |
|--|-----------------|--|--------------------------------------|----------------------|---------------------------|------------------------------|
| | | A | B | C | D | E |
| | | Total Estimated Allocation (For Budgeting) | First Release (11/4/11) PCA 40412 | Total 2012 Contract* | First Available (11/4/11) | Total 2012 Advance Available |
| Camposinos Unidos, Inc. | 12F-4463 | 81,846 | 12,055 | 12,055 | 12,055 | 12,055 |
| Community Design Center | 12F-4464 | 123,262 | 18,155 | 18,155 | 18,155 | 18,155 |
| Del Norte Senior Center | 12F-4465 | 89,600 | 13,197 | 13,197 | 13,197 | 13,197 |
| Rural Community Assistance Corporation | 12F-4466 | 138,053 | 20,335 | 20,335 | 20,335 | 20,335 |
| TOTAL | | 432,761 | 63,742 | 63,742 | 63,742 | 63,742 |

* Equals contract facesheet (STD 213, Item 3)

EXHIBIT C
(Standard Agreement)

GENERAL TERMS AND CONDITIONS GTC 610

1. APPROVAL

This Agreement is of no force or effect until signed by both parties.

2. AMENDMENT

No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by the parties and approved as required. No oral understanding or Agreement not incorporated in the Agreement is binding on any of the parties.

3. ASSIGNMENT

This Agreement is not assignable by the Contractor, either in whole or in part, without the consent of the State in the form of a formal written amendment.

4. AUDIT

Contractor agrees that the awarding department, the Department of General Services, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. Contractor agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated. Contractor agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Contractor agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (Gov. Code § 8546.7, Pub. Contract Code § 10115 et seq., CCR Title 2, Section 1896.)

5. INDEMNIFICATION

Contractor agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Contractor in the performance of this Agreement.

6. DISPUTES

Contractor shall continue with the responsibilities under this Agreement during any dispute.

EXHIBIT C
(Standard Agreement)

7. TERMINATION FOR CAUSE

The State may terminate this Agreement and be relieved of any payments should the Contractor fail to perform the requirements of this Agreement at the time and in the manner herein provided. In the event of such termination the State may proceed with the work in any manner deemed proper by the State. All costs to the State shall be deducted from any sum due the Contractor under this Agreement and the balance, if any, shall be paid to the Contractor upon demand.

8. INDEPENDENT CONTRACTOR

Contractor, and the agents and employees of Contractor, in the performance of this Agreement, shall act in an independent capacity and not as officers or employees or agents of the State.

9. NON-DISCRIMINATION CLAUSE

During the performance of this Agreement, Contractor and its subcontractors shall not unlawfully discriminate, harass, or allow harassment against any employee or applicant for employment because of sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), mental disability, medical condition (e.g., cancer), age (over 40), marital status, and denial of family care leave. Contractor and subcontractors shall insure that the evaluation and treatment of their employees and applicants for employment are free from such discrimination and harassment. Contractor and subcontractors shall comply with the provisions of the Fair Employment and Housing Act (Gov. Code 12990 (a-f) et seq.) and the applicable regulations promulgated thereunder (California Code of Regulations, Title 2, Section 7285 et seq.). The applicable regulations of the Fair Employment and Housing Commission implementing Government Code Section 12990 (a-f), set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations, are incorporated into this Agreement by reference and made a part hereof as if set forth in full. Contractor and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other Agreement.

Contractor shall include the nondiscrimination and compliance provisions of this clause in all subcontracts to perform work under the Agreement.

10. CERTIFICATION CLAUSES

The CONTRACTOR CERTIFICATION CLAUSES contained in the document CCC 307 are hereby incorporated by reference and made a part of this Agreement by this reference as if attached hereto.

11. TIMELINESS

Time is of the essence in this Agreement.

EXHIBIT C
(Standard Agreement)

12. COMPENSATION

The consideration to be paid Contractor, as provided herein, shall be in compensation for all of Contractor's expenses incurred in the performance hereof, including travel, per diem, and taxes, unless otherwise expressly so provided.

13. GOVERNING LAW

This contract is governed by and shall be interpreted in accordance with the laws of the State of California.

14. CHILD SUPPORT COMPLIANCE ACT

For any Agreement in excess of \$100,000, the contractor acknowledges in accordance with Public Contract Code 7110, that:

- a. The contractor recognizes the importance of child and family support obligations and shall fully comply with all applicable state and federal laws relating to child and family support enforcement, including, but not limited to, disclosure of information and compliance with earnings assignment orders, as provided in Chapter 8 (commencing with section 5200) of Part 5 of Division 9 of the Family Code; and
- b. The contractor, to the best of its knowledge is fully complying with the earnings assignment orders of all employees and is providing the names of all new employees to the New Hire Registry maintained by the California Employment Development Department.

15. UNENFORCEABLE PROVISION

In the event that any provision of this Agreement is unenforceable or held to be unenforceable, then the parties agree that all other provisions of this Agreement have force and effect and shall not be affected thereby.

16. PRIORITY HIRING CONSIDERATIONS

If this Contract includes services in excess of \$200,000, the Contractor shall give priority consideration in filling vacancies in positions funded by the Contract to qualified recipients of aid under Welfare and Institutions Code Section 11200 in accordance with Pub. Contract Code § 10353.

EXHIBIT D
(Standard Agreement)

SPECIAL TERMS AND CONDITIONS

1. **TRAVEL/PER DIEM**

- A. Contractor's total travel and per diem costs for in-state and/or out-of-state shall be included in the Agreement Budget(s). Out-of-state travel costs that exceed the budgeted amount shall not be reimbursed without prior written authorization from CSD.
- B. Contractor's employee travel costs and per diem reimbursement rates shall be reimbursed in accordance with Contractor's written policies and procedures not to exceed federal per diem requirements, and subject to the requirements of OMB Circular A-87 Attachment B, Paragraph 43 (2 CFR, Part 225) or OMB Circular A-122 Attachment B, Paragraph 51 (2CFR, Part 230), as applicable.
- C. In the absence of a written travel reimbursement policy, Contractor shall be subject to the provisions of California Code of Regulations Sections 599.615 through 599.638 and shall be reimbursed in accordance with the terms contained therein.

2. **CERTIFICATIONS**

- A. Contractor's signature affixed hereon shall constitute a certification that to the best of its ability and knowledge it will comply with the provisions set forth in the following:
 - 1) Drug-Free Workplace Requirements Contract Certification Clause (CCC-307)
 - 2) National Labor Relations Board Certification (CCC-307)
 - 3) Expatriate Corporations (CCC-307)
 - 4) Domestic Partners (CCC-307)
 - 5) Amendment for Change of Agency Name (CCC-307)
 - 6) Resolution (CCC-307)
 - 7) Air and Water Pollution Violation (CCC-307)

EXHIBIT D
(Standard Agreement)

- 8) Information Integrity and Security (Department of Finance, Budget Letter 04-35)
- 9) Safeguarding Against and Responding to a Breach of Security Involving Personal Information (Department of General Services, Management Memo 08-11)
- B. The above documents are hereby incorporated by reference into this Agreement. To access these documents, please visit www.csd.ca.gov

3. INTERNAL CONTROL CERTIFICATION

Contractor shall ensure the establishment and maintenance of a system of internal accounting and administrative control. This responsibility includes documenting the system, communicating system requirements to employees, and assuring that the system is functioning as prescribed and is modified, as appropriate, for changes in conditions. The system of internal accounting and administrative control shall be attested to within the Contractor's independent audit conducted pursuant to this Agreement, and include:

- A. Segregation of duties appropriate to safeguard State assets.
- B. Access to agency assets is limited to authorized personnel who require these assets in the performance of their assigned duties.
- C. Authorization and recordkeeping procedures adequate to provide effective accounting controls over assets, liabilities, revenues, and expenditures.
- D. Practices to be followed in performance of duties and functions.
- E. Personnel of a quality commensurate with their responsibilities.
- F. Effective internal review.

4. CONFLICT OF INTEREST

- A. Contractor certifies that its employees and the officers of its governing body shall avoid any actual or potential conflicts of interest and that no officer or employee who performs any functions or responsibilities in connection with this Agreement shall have any personal financial interest or benefit that either directly or indirectly arises from this Agreement.
- B. Contractor shall establish written safeguards to prohibit its employees or its officers from using their positions for a purpose that could result in private gain or that gives the appearance of being motivated for private gain for themselves or others, particularly those with whom they have family, business, or other ties.

EXHIBIT D
(Standard Agreement)

5. CODES OF CONDUCT

- A. Contractor shall maintain written standards of conduct governing the performance of its employees engaged in the award and administration of contracts or subcontracts. No employee, officer, or agent of the Contractor shall participate in the selection, award, or administration of a subcontract supported by federal funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization that employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award. The officers, employees, and agents of the Contractor shall neither solicit nor accept gratuities, favors, or anything of monetary value from subcontractors or parties to sub agreements. The standards of conduct shall provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the recipients.
- B. Contractor shall not pay federal funds received from CSD to any entity in which it (or one of its employees, officers, agents, any member of his or her immediate family, his or her partner, or an organization that employs or is about to employ any of the parties indicated herein) has an interest. As ownership constitutes a financial interest, Contractor shall not subcontract with a subsidiary. Similarly, Contractor shall not subcontract with an entity that employs or is about to employ any person described in 45 CFR Part 92 (for states and local governments) and 45 CFR Part 74 (for nonprofit organizations), and/or OMB Circular A-110, Section 42.

6. COMPLIANCE MONITORING

- A. As the recipient of federal CSBG funds under this Agreement, Contractor is responsible for substantiating that all costs claimed under this Agreement are allowable and allocable under all applicable federal and State laws, and for tracing all costs to the level of expenditure.
- B. As the State administrator for the CSBG, CSD is required to ensure that funds allocated to Contractor are expended for the purposes identified in federal and State CSBG law, and for allowable and allocable costs under the applicable rules of the OMB.
- C. CSD is required to conduct onsite and follow-up monitoring of Contractor to ensure that Contractor meets the performance goals, administrative standards, financial management requirements, and other requirements of the federal and State CSBG program.

EXHIBIT D
(Standard Agreement)

- D. CSD shall provide Contractor reasonable advance written notice of on-site monitoring reviews of Contractor's program or fiscal performance.

Contractor shall cooperate with CSD program and audit staff and other representatives, and provide access to all programs, records, documents, resources, personnel, inventory, and other things reasonably related to the administration and implementation of the services and activities funded directly or indirectly by this Agreement.

- E. In the event CSD determines that Contractor is not in compliance with material or other legal requirements of this Agreement, CSD shall provide Contractor with the observations, recommendations, and/or findings in writing, along with a specific action plan for correcting the noncompliance.

7. SPECIAL CONDITIONS FOR ENTITIES NOT MEETING TERMS OF THE AGREEMENT

- A. In addition to CSD's authority to terminate, suspend, or deny funding or refunding under federal and State laws and regulations, CSD has authority to establish fiscal control and accounting procedures to fulfill its oversight responsibilities and ensure that CSBG funds are appropriately expended. Thus, notwithstanding the express exception in 45 CFR Part 92 as applied to the CSBG Program, CSD hereby incorporates by reference 45 CFR Part 92.12 and may impose special conditions on Contractor, according to that Section, as a result of unsatisfactory performance of and/or noncompliance with the requirements, standards, and guidelines of this Agreement.
- B. Contractor shall ensure that requirements set forth in this Agreement are met, that all required documentation is submitted in a timely manner, and that any corrective action plans are fulfilled. Failure by Contractor to meet prescribed timelines or take corrective action shall be deemed a material breach of this Agreement, and CSD shall take appropriate action, including, but not limited to, withholding advance payments and initiation of the suspension and termination procedures prescribed by State and federal CSBG laws and/or regulations.

8. BOARD ROSTER, BYLAWS, RESOLUTION AND MINUTES

- A. Concurrent with Contractor's submission of this Agreement, Contractor shall submit to CSD the following:
- 1) Unless otherwise specified in 2) and 3) below, a current roster of the tripartite board, including the name and sector (i.e., low-income, public, private) of each board member, contact information for each member at a location other than the office of the eligible entity, and the most recent

EXHIBIT D
(Standard Agreement)

version of the organizational bylaws. Contractor is to complete Exhibit D, Attachment II, Executive Director and Board Roster (CSD 188).

Contractor is responsible to notify CSD of any changes to the tripartite board within thirty (30) days of such occurrence.

- 2) In the case of Native American Indian (NAI) Contractors that have established another mechanism (in consultation with CSD and subject to CSD approval) to assure low-income individuals' participation in the management of programs funded by this Agreement, a current roster of the NAI governing council, commission, board, or other body responsible for administration of CSBG-funded programs, and the most recent version of the organizational bylaws. The roster shall include contact information for each member of the governing body at a location other than the office of the NAI Contractor, and shall identify how low-income individuals are represented in the organization's governance. NAI Contractors shall also submit the most recent version of the organizational bylaws. Contractor is responsible to notify CSD of any changes to its governing body within (30) days of such occurrence.
 - 3) In the case of Limited Purpose Agency (LPA) Contractors, a current roster of Contractor's board, including the name of each board member, contact information for each member at a location other than the office of the LPA, and the most recent version of the organizational bylaws. Contractor is responsible to notify CSD of any changes to its board within thirty (30) days of such occurrence.
- B. Contractor's current governing board must authorize the execution of this Agreement. Contractor has the option of demonstrating such authority by either: 1) direct signature of a board member; or 2) any lawful delegation of such authority that is consistent with Contractor's bylaws:
- C. Where Contractor elects to delegate the signing authority to the chief executive officer (CEO), CSD will accept either a resolution specific to this Agreement or a resolution approved by the current governing board that is more generally applicable to any CSD program contract or amendment. Where Contractor provides a general resolution, Contractor shall maintain documentation that the CEO provided timely and effective communication of the execution and terms of this Agreement to the board. Either a specific or current general resolution must be on file with CSD prior to CSD's final execution of this Agreement.
- D. Contractor shall submit to CSD minutes from the tripartite board, LPA contractor's board, NAI governing council, commission, board, or other body responsible for administration of CSBG-funded programs, for regularly scheduled

EXHIBIT D
(Standard Agreement)

meetings no later than thirty (30) days after the minutes are approved. Regularly scheduled meetings shall be in accordance with the contractor's bylaws.

- E. If Contractor's tripartite board is advisory to the elected members governing a local government, the Contractor shall submit to CSD the minutes from any meeting of the elected officials where matters relating to this Agreement are heard, including, but not limited to, discussions about or decisions affecting the community action program. Such minutes shall be submitted to CSD no later than thirty (30) days after the minutes are approved.

9. AUDITING STANDARDS AND REPORTS

A. Auditing Standards

Contractor must follow all audit requirements as set forth in OMB Circular A-133 and the 2009 CSD Supplemental Audit Guide. The 2009 Supplemental Audit Guide is attached herein as Exhibit D, Attachment I. The 2009 Supplemental Audit Guide may be accessed at www.csd.ca.gov.

B. Audit Reports

- 1)
 - a. Funds provided under this Agreement shall be included in an audit conducted in accordance with the provisions of OMB Circular A-133 for nonprofit and public agencies, standards promulgated by the American Institute of Certified Public Accountants (AICPA), and those standards included in "Government Auditing Standards, 2007 Revision, as amended."
 - b. Contractors falling below the federal funding threshold that mandates a single agency-wide audit in accordance with OMB Circular A-133 shall:
 - i. Submit an annual program-specific audit within nine months of the end of the Contractor's fiscal year; and
 - ii. Be subject to an audit and/or other fiscal- or program-specific review conducted by CSD or its agents, upon thirty (30) days written notice.
- 2) The financial and compliance audit report shall contain the following supplementary financial information: a combined statement of revenue and expenditures for each contract that presents, by budget line item, revenue and expenditures for the audit period and a description of the

EXHIBIT D
(Standard Agreement)

methodology used to allocate and claim indirect costs and any administrative cost pools.

- 3) The audit report must specifically mention that a review for compliance with OMB Circulars A-87 and A-122 was conducted.
- 4) Contractor shall submit to CSD one (1) printed copy and one (1) electronic copy of the required audit report(s) and any management letter(s) issued by the accountant, within nine (9) months of the end of the Contractor's fiscal year, accompanied by a copy of the signed, final engagement letter between Contractor and the independent auditor.

If the Contractor's independent auditor is unable to meet this deadline, the Contractor shall submit to CSD Audit Services Unit a written request for an extension, which includes a copy of a letter from the independent auditor explaining the anticipated delay. CSD may grant an extension not to exceed thirty (30) calendar days from the original due date. The audit report(s) and all supplemental financial information are to be submitted to the following addresses:

Electronic copy:
audits@csd.ca.gov.

Printed copy:
Department of Community Services and Development
Attention: Audit Services Unit
P.O. Box 1947
Sacramento, CA 95812-1947

In accordance with the guidelines of the Division of Audits of the California State Controller's Office (SCO), if Contractor is a local government agency, additional copies of the audit report must be submitted to the following address:

State Controller's Office
Division of Audits
300 Capitol Mall, Fifth Floor
Sacramento, CA 95814

- 5) In the event an audit required under this Agreement has not been submitted in a timely fashion, CSD may impose sanctions as provided in OMB Circular No. A-133 at § ___.225, to include:
 - a) Withholding a percentage of federal awards until the audit is completed satisfactorily;

EXHIBIT D
(Standard Agreement)

- b) Withholding or disallowing overhead costs;
- c) Suspending federal awards until the audit is conducted; and/or
- d) Terminating the federal award.

10. SUBCONTRACTS

Contractor may enter into subcontract(s) to perform part or all of the direct services covered under this Agreement. Prior to the commencement of subcontracted services under this Agreement, Contractor shall obtain board approval, to include but not be limited to, an assurance that the subcontractor agreement(s) shall comply with all terms, conditions, assurances, and certifications of this Agreement for the nonprofit and local governmental agencies performing services in the area(s) described in EXHIBIT A, SCOPE OF WORK, Section 2.

- A. Contractor shall provide written notification to the State within 60 calendar days of execution of each subcontractor agreement the name of the subcontractor entity, its address, telephone number, contact person, contract amount, and program description of each subcontractor activity to be performed under this Agreement. This written notification shall also include a certification that, to the best of Contractor's knowledge, the subcontractor is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency. For purposes of this certification of subcontractor eligibility, Contractor may rely on information provided via the Excluded Parties List System (EPLS), available at <https://www.epls.gov>.
- B. If CSD determines that Contractor has executed a subcontract with an individual or entity listed as disbarred, suspended, or otherwise ineligible on EPLS as of the effective start date of the subcontract, costs Contractor has incurred under the subcontract may be disallowed.
- C. Contractor remains responsible to substantiate the allowable and allocable use of all funds under this Agreement and to adopt fiscal control and accounting procedures sufficient to permit the tracing of funds paid to any subcontractor to a level of expenditure adequate to establish that such funds have not been used in violation of this Agreement. Contractor shall ensure that any subcontracts under this Agreement contain all provisions necessary to ensure adequate substantiation and controls of the expenditure of such funds. Contractor may achieve this through detailed invoices, by periodic monitoring of subcontractor's program activities and fiscal accountability, by retaining a right of reasonable access to the subcontractor's books and records, or by any other method sufficient to meet Contractor's responsibility to substantiate costs required by OMB Circulars A-87, 122, and 133.

EXHIBIT D
(Standard Agreement)

- D. In the event CSD suspends, terminates, and/or makes changes to the services to be performed under this Agreement, Contractor shall notify all of its subcontractors in writing within five (5) days of receipt of notice of such action.
- E. Contractor is the responsible party and shall remain liable for the performance of the terms, conditions, assurances, and certifications of this Agreement, without recourse to the State, regarding the settlement and satisfaction of all contractual and administrative issues arising out of subcontract agreement(s) entered into in support of this Agreement, including disputes, claims, or other matters of a contractual nature as well as civil liability arising out of negligence or intentional misconduct of the subcontractor(s).
- F. Nothing contained in this Agreement shall create any contractual relation between CSD and any subcontractors, and no subcontract shall relieve the Contractor of its responsibilities and obligations hereunder. Contractor agrees to be as fully responsible to CSD for the acts and omissions of its subcontractors and of persons either directly or indirectly employed by any of them as it is for the acts and omissions of persons directly employed by the Contractor. The Contractor's obligation to pay its subcontractors is independent from CSD's obligation to make payments to the Contractor. As a result, CSD shall have no obligation to pay or to enforce the payment of any moneys to any subcontractor.

11. INSURANCE

A. General Requirements

- 1) By execution of this Agreement, Contractor agrees that the insurance policies and bond required under this Agreement; including Self Insurance, Workers' Compensation Insurance, General Liability Insurance, Vehicle Insurance, and a Fidelity Bond; shall be in effect at all times during the term of this Agreement.
- 2) Contractor shall provide CSD with written notice at least thirty (30) calendar days prior to cancellation or reduction of insurance coverage to an amount less than that required in this Agreement.
- 3) In the event said insurance coverage expires at any time or times during the term of this Agreement, Contractor agrees to provide within thirty (30) calendar days prior to said expiration date a new Certificate of Insurance (ACORD 25) evidencing insurance coverage as provided for herein for not less than the remainder of the term of this Agreement. The Certificate shall identify and name CSD as the Certificate Holder.

EXHIBIT D
(Standard Agreement)

- 4) New Certificates of Insurance will be reviewed for content and form by CSD.
- 5) In the event Contractor fails to maintain in effect at all times the specified insurance and bond coverages as herein provided, CSD may, in addition to any other available remedies, suspend this Agreement.
- 6) With the exception of workers' compensation and fidelity bond, CSD shall be named as additional insured on all Certificates of Insurance required under this Agreement.
- 7) The issuance of other CSD contracts, to include any cash advances and reimbursement payments, to the Contractor shall be contingent, in part, upon proof of current insurance coverage, as required by this Agreement, being on file at CSD.
- 8) Should Contractor utilize a subcontractor(s) to provide services under this Agreement, Contractor shall indemnify and hold the State harmless against any liability incurred by that subcontractor(s).

B. Self-Insurance

- 1) When Contractor is a self-insured governmental entity, CSD, upon satisfactory proof, may waive the appropriate insurance requirements. To qualify for a waiver, an appropriate county or city risk manager shall sign a certification that shall contain assurance of the adequacy of the governmental entity's ability to cover any potential losses under this Agreement.
- 2) Contractor shall specify in writing a list of which coverage(s) will be self-insured under this Agreement and shall list all applicable policy numbers, expiration dates, and coverage amount.
- 3) In the event that the Contractor's self-insurance coverage has not changed since the prior year, CSD will accept a certified letter signed by authorized personnel stating that no changes have occurred since last year. This letter must be submitted concurrent with the Agreement.

C. Workers' Compensation Insurance

- 1) Contractor shall have and maintain for the term of this Agreement workers' compensation insurance issued by an insurance carrier licensed to underwrite workers' compensation insurance in the State of California.

EXHIBIT D
(Standard Agreement)

- 2) Contractor shall submit either an applicable Certificate of Insurance or a Certificate of Consent to Self Insure issued by the Director of the Department of Industrial Relations to the State as evidence of compliance with the workers' compensation insurance requirement concurrent with submission of the Agreement. No initial cash advance(s) will be issued to the Contractor until this requirement is met.

D. Commercial or Government Crime Coverages (Fidelity Bond)

- 1) Contractor shall maintain a commercial crime policy, or if Contractor is a public entity, a government crime policy (hereinafter "fidelity bond") that shall include the following coverages or their substantial equivalents: Employee Dishonesty/Theft, Forgery or Alteration, and Computer Fraud.
- 2) Contractor's fidelity bond coverage limits shall not be less than a minimum amount of four percent (4%) of the total amount of consideration set forth under this Agreement.
- 3) Contractor shall submit an applicable Certificate of Insurance (ACORD 25) to the State as evidence of compliance with the fidelity bond requirement prior to issuance of an initial cash advance.

E. General Liability Insurance

- 1) Contractor shall have and maintain for the term of this Agreement general liability and property damage insurance for a combined single limit of not less than \$500,000 per occurrence.
- 2) Contractor shall submit to CSD an applicable Certificate of Insurance naming CSD as an additional insured, as evidence of compliance with general liability insurance requirements concurrent with submission of the Contract. No initial cash advance(s) will be issued to the Contractor until this requirement is met.

F. Vehicle Insurance

- 1) Contractor shall have and maintain for the term of this Agreement vehicle insurance in the amount of \$500,000 for each person and each accident for bodily injury and in the amount of \$500,000 for each person and each accident for property damage.
- 2) When Contractor will allow employees to use their own vehicles to perform duties within the scope of their employment, Contractor shall have and maintain for the term of this Agreement non-owned and hired

EXHIBIT D
(Standard Agreement)

automobile liability insurance in the amount of \$500,000 for each person and each accident for bodily injury and \$500,000 for each person and each accident for property damage. (Driving to and from work is not within the scope of employment.)

- 3) Concurrent with submission of the signed Agreement, Contractor shall submit an applicable Certificate of Insurance, which designates CSD as an additional insured, to the State as evidence of compliance with said vehicle insurance requirements. No initial cash advance(s) will be issued to the Contractor until this requirement is met.

12. AGREEMENT CHANGES

A. Amendment

Formal amendments to this Agreement are required for changes to: the term, total cost or Maximum Amount, scope of work, and/or formal name changes. No amendment to this Agreement shall be valid unless made in writing, signed by the parties, and approved as required. No oral understanding or Agreement not incorporated in the Agreement is binding on any of the parties.

If Contractor intends to request a formal amendment to this Agreement, the request must be submitted on a CSD 425b, Justification for Contract Amendment/Modification, no later than forty-five (45) days prior to the expiration of the Agreement term. (CSD Form 425b can be located at www.csd.ca.gov under the CSD Contractors' page and CSBG tab).

B. Modification

- 1) Any request(s) for modification to Attachment I or Attachment II (Exhibit B), must be submitted on a CSD 425b, Justification for Contract Amendment/Modification, no later than forty-five (45) calendar days prior to the expiration date of this Agreement.
- 2) Contractor may modify problem statements, program activities, and/or delivery strategies, to either: a) add program(s) not previously projected on the CSD 801, or b) remove program(s) previously projected on the CSD 801 for which no clients have been served and the program was terminated.

EXHIBIT D
(Standard Agreement)

- 3) Any increase to out-of-state travel costs or equipment purchases will require a request for modification to the budget and must be submitted on a CSD 425b, Justification for Contract Amendment/Modification.

13. SYSTEM SECURITY REQUIREMENTS

Contractor shall, in cooperation with CSD, institute measures, procedures, and protocols designed to ensure the security of data and to protect information in accordance with California State Administrative Manual (SAM) Section 5310, Item 4, and such other State and Federal laws and regulations as may apply. The parties hereto agree to the following requirements, obligations, and standards:

A. General Information/Data Description

The interconnection between CSD and Contractor is a two-way data exchange. The purpose of the data exchange or direct input is to deliver application records for payment processing or contract activity reimbursement.

B. Services Offered

Data exchange between CSD and Contractor shall be handled through two methods: 1) a Contractor user must authenticate to upload data files in a secure socket layer connection; or 2) a secure user interface that is only available to Contractor users with a unique software authentication to see the login window and also secure tunnel between CSD and the Contractor user.

C. Data Sensitivity

- 1) The sensitivity of data exchanged between CSD and Contractor may vary from sensitive to personal or confidential because of personal data such as social security numbers to private data, e.g., family income level, family member name, etc. No personal financial information, i.e., credit card, bank account numbers, shall be stored or exchanged in the data exchange sessions.
- 2) Appropriate levels of confidentiality for the data shall be based on established data classification (see SAM Section 5320.5).

D. Information Exchange Security

- 1) The security of the information being passed on this primary two-way connection shall be protected through the use of encryption software. The connections at each end shall be secured plus the physical location the application systems shall be within a controlled access facilities.

EXHIBIT D
(Standard Agreement)

Individual users may not have access to the data except through their systems security software that is logged in detail or controlled. All access will be controlled by authentication methods to validate the approved users.

- 2) Standards for secure transmission may be accomplished through such means as certificates, secure socket layer, etc., and storage of the data with encryption, if applicable.
- 3) Both CSD and Contractor shall maintain security patches and anti-virus software updates.

E. Trusted Behavior Expectations

CSD's application system and users shall protect Contractor's application system/data, and the Contractor's application system and users shall protect CSD's application system/data, in accordance with the Privacy Act and Trade Secrets Act (18 U.S. Code 1905) and the Unauthorized Access Act (18 U.S. Code 2701 and 2710).

F. Formal Security Guidelines

CSD's Computer Security Policy and Contractor's policy and procedures for internal controls shall conform to the standards and obligations for the protection of data established herein and shall ensure their implementation.

G. Incident Reporting

Any party discovering a security incident shall report it in accordance with its incident reporting procedures. Contractor shall within twenty-four (24) hours of discovery report to CSD any security incident contemplated herein. Policy governing the reporting of Security Incidents is detailed in section D 2 – L of the SAM Management Memorandum entitled, "Safeguarding Against and Responding to a Breach of Security Involving Personal Information."

H. Audit Trail Responsibilities

Both parties are responsible for auditing application processes and user activities involving the interconnection. Activities that will be recorded include event type, date and time of event, user identification, workstation identification, success or failure of access attempts, and security actions taken by system administrators.

EXHIBIT D
(Standard Agreement)

I. Data Sharing Responsibilities

All primary and delegated secondary organization that share, exchange, or use personal, sensitive, or confidential data shall adhere to all CSD's policies and SAM guidelines. If data sharing is accomplished via interconnectivity of an application system, then data sharing must be certified to be secure by both parties.

14. SCHEDULE OF ATTACHMENTS

The following attachment to this exhibit is hereby attached and incorporated by this reference:

| | |
|---------------|---|
| ATTACHMENT I | 2009 SUPPLEMENTAL AUDIT GUIDE |
| ATTACHMENT II | EXECUTIVE DIRECTOR AND BOARD ROSTER (CSD 188) |

EXHIBIT D
(Standard Agreement)

ATTACHMENT I

2009 CSD SUPPLEMENTAL AUDIT GUIDE

DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT

P.O. Box 1947
Sacramento, CA 95812-1947
(916) 341-4200
(916) 341-4203 (FAX)
(916) 327-6318 (TDD)



To: All Community Service Block Grant, Low-Income Home Energy Assistance Program, Department of Energy, and Other Program Contractors

From: CSD Audit Services Unit

Date: February 3, 2010

SUPPLEMENTAL AUDIT GUIDE**Introduction**

The purpose of this 2009 Supplemental Audit Guide is to provide further instructions for the independent auditor and/or CPA firms that perform audits of agencies that contract with the California Department of Community Services and Development (CSD) to deliver programs. As specified in each program contract, all independent auditors and CPA firms must follow this Supplemental Audit Guide if the Contractor being audited is funded totally or in part by CSD contracts. This guide is not intended to be an auditing procedure manual but rather to further instruct the independent auditor and CPA firm in testing certain costs identified by CSD as needing more detailed disclosure.

The primary focus of this guide is auditing and reporting on specific items of costs funded by CSD contracts. The procedures outlined in this guide either clarify and complement or, exceed the requirements of Office of Management and Budget (OMB) Circular A-133.

Auditor's Judgment

Auditors performing the work according to this Supplemental Audit Guide must continue to exercise professional judgment. The auditor shall follow the procedures included in this audit guide unless, in the exercise of his or her professional judgment, the auditor determines that other procedures are more appropriate in particular circumstances. The auditor, however, must justify in writing any change from the audit procedures suggested by this Supplemental Audit Guide. The audit report must contain assurances that a review for compliance with OMB Circulars A-87 and A-122 was conducted.

Supplemental Audit Guide

Selected Items of Cost

Inventory System (All Contracts)

1. The independent auditor or CPA firm must gather evidence to validate the inventory listed as an asset on the balance sheet.
2. The closeout report on CSD contracts requires an inventory listing on all items purchased with CSD contract funds.
3. Inventories listed on the balance sheet and on the CSD closeout reports must be verified that they physically exist, are owned (not leased), and are in operable condition.
4. Inventory listings must be accurately compiled in the inventory accounts. Inventories are to be properly stated at cost (except when the market rate is lower).

Subcontracts (All Contracts)

1. Subcontracts must be arms-length agreements and free of actual or apparent conflicts of interest. Validate and report to CSD. CSD-funded agencies should be aware that contracting with wholly owned subsidiaries might not be considered arms-length agreements. This is especially true where both boards have similar members.
2. Contractors are required to substantiate that all costs expended under subcontracts are allowable and allocable to the particular program pursuant to the same standards as the costs expended directly by the Contractor under the specific CSD contract. Document the Contractor's system of ensuring this level of accountability, and report to CSD.

Weatherization Crew Hours (LIHEAP and DOE Contracts)

Document the methodology the Contractor uses to capture the actual hours each weatherization worker spends on each house, specific work performed and address. If this data is maintained in an automated system, obtain and review system documentation.

1. Verify that the monthly report summaries used to report weatherization crew hours provide accurate information by selecting and testing a representative sample.
2. Trace the monthly closeout report totals for weatherization labor hours to the Contractor's monthly report summaries and reconcile this to the supporting source documents.

Supplemental Audit Guide

Prohibition on Lobbying

The independent auditor shall verify that no CSD contract funds were used to influence or attempt to influence an officer or employee of a state or federal government agency, or a member of Congress or the State Legislature, in connection with the awarding of any contract, grant, loan, or cooperative agreement.

System of Internal Control

Audits must include an examination of the systems of internal control. Internal control systems must be established to ensure compliance with laws and regulations affecting the expenditure of State and/or Federal funds, financial transactions and accounts, and the agency's process for submission of Contractor billings submitted to CSD for the performance of the contract.

The Contractor's accounting system must provide for accumulating and recording of expenditures by cost category (budget line items) shown in the approved budget. The independent auditor or CPA firm must give an opinion on the internal controls of the Contractor being reviewed.

Administrative Cost Cap

CSD contracts have an administrative cost cap. Administrative costs charged to each CSD contract must not exceed this cost. In addition, other Federal funds must not be used to exceed the total administrative cost cap charged to the CSD contract, unless specifically allowed by Federal statute.

Use of Indirect Cost Rates or Other Indirect Cost Methodology

1. A Federally Approved Indirect Cost Allocation Rate may be used for selected items of costs up to the maximum allowed by the CSD contract's administrative cost rate. Costs claimed for a specific line item in the budget cannot be reported as direct costs and also as indirect costs.
2. Validate the indirect cost rate or methodology and the application of the rate used by the Contractor.
3. Ensure compliance with OMB Circulars A-87 and A-122.

Basis for Allocation of Costs

1. The independent auditor or CPA firm must identify the Contractor's basis for allocating costs to CSD contracts. Costs charged to CSD contracts must be allocable, allowable, and based on actual expenses incurred by the Contractor for the CSD contract. Costs charged to the CSD contract must also have an approved contract budget line item.
2. Ensure Compliance with OMB Circulars A-87 and A-122.

Supplemental Audit Guide

Going Concern and Subsequent Events

The independent auditor or CPA firm must provide a "positive assurance" statement that any (significant) subsequent events, related directly or indirectly, that occurred after the final closeout report and single agency-wide audit are submitted to CSD do not materially affect the closeout report, as submitted by the Contractor. Additionally, the independent auditor or CPA firm must provide "positive assurance" whether or not the Contractor will continue as a going concern. Some examples are litigation settlement, bankruptcy, mergers, large loans, cash flow problems, etc.

Representation Letter

A Representation Letter between the independent auditor or CPA firm and the Contractor must be forwarded to CSD. The Representation Letter must be signed by the Contractor's controller (or equivalent) and either the Chair of the Audit Committee if it exists or the Executive Director.

Engagement Letter

In the event a Contractor is more than one month late in submitting the required independent audit report, the Contractor shall submit one copy of the finalized, signed Engagement letter between the Contractor and the Contractor's independent auditor or CPA firm.

Supplemental Statements

Beginning with the 1994 program year, CSD contract provisions have required the financial and compliance audit to include supplemental statements. These supplemental statements must be included as part of the package submitted to CSD with the single agency-wide audit for each fiscal year. CSD uses the above information to reconcile the audited costs to the costs reported by the Contractor.

The supplemental statements should be based on the budget line items contained in the contract. The supplemental statement must include the contract budget line items, expenditures for each budget line item by fiscal year, total audited costs and total reported expenses by budget line item.

Auditing Standards and Reports

The financial and compliance audit report shall contain the following supplemental financial information: a combined statement of revenue and expenditures for each contract that presents, by budget line item, revenue and expenditures for the audit period and a description of the methodology used to allocate and claim indirect costs and any administrative cost pools.

Supplemental Audit Guide

Testing of Transactions

A sufficient number of items should be selected for review that represent all material costs categories. The audit should determine whether:

- a. Contractor's internal control over the contract is effective and working as intended;
- b. Reported program expenditures are allowable and allocable;
- c. Reported expenditures conform to funding or program limitations or exclusions;
- d. Reported expenditures are not charged to, or reimbursed by, other programs or funding sources;
- e. Transactions are properly approved, reported, and supported by source documents;
- f. Reported expenditures were incurred within the appropriate contract term; and
- g. Contractor complied with applicable laws, regulations, and contract requirements.

American Recovery and Reinvestment Act of 2009 (ARRA) Funds

ARRA IDENTIFICATION

Contractors covered under the Single Audit Act and OMB circular A-133 must specifically identify ARRA funds on the SEFA by CFDA number, contract number, and by attaching the prefix "ARRA-" to the Federal program name. This information may be used by CSD to monitor the Contractor's expenditures of ARRA funds. In addition, the Contractor should maintain documentation to identify sub-award and project funded through the ARRA.

SEPARATE ACCOUNTING

Contractors must segregate the obligations and expenditures related to funding under the Recovery Act. Financial and accounting systems should be revised as necessary to segregate, track and maintain these funds apart and separate from other revenue streams. No part of the funds from the Recovery Act shall be commingled with any other funds or used for a purpose other than that of making payments for costs allowable for Recovery Act projects. Recovery Act funds can be used in conjunction with other funding sources as necessary to complete projects, but tracking and reporting must be separate to meet the reporting requirements of the Recovery Act and OMB Guidance.

PREVAILING WAGE

Supplemental Audit Guide

Determine if there is a designated payroll person to certify, on a weekly basis, that the Contractor is paying residential prevailing wage in accordance with the wage determinations as set forth in the ARRA contract.

EXHIBIT D
(Standard Agreement)

ATTACHMENT II

EXECUTIVE DIRECTOR AND BOARD ROSTER (CSD 188)

Executive Director and Board Roster- CSBG

Agency Name: _____ Effective Date: _____

Agency Address: _____ Total Number of board seats: _____

Submitted By: _____

As per Exhibit D. Please also list any vacancies within the board itself, so that the required amount of board members is equal to the board by-laws.
 Sector: Please indicate P=Public, PR= Private, L= Low Income
 **Please indicate vacancy title, and date of vacancy in the "Name" field.

| Name: | Title/Position: | Address: | Sector: | Phone Number: | Email: |
|-------|---|----------|---------|---------------|--------|
| | Executive Director | | | | |
| | Board Chair | | | | |
| | Additional Authorized signer of the Contract | | | | |
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DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
Executive Director and Board Roster
Exhibit D, Attachment II
CSD 188 New

Received by CSD:

| Name: | Title/Position: | Address: | Sector: | Phone Number: | Email: |
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DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
Executive Director and Board Roster
Exhibit D, Attachment II
CSD 188 New

Received by CSD:

| Name: | Title/Position: | Address: | Sector: | Phone Number: | Email: |
|-------|-----------------|----------|---------|---------------|--------|
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INSTRUCTIONS
EXHIBIT D- ATTACHMENT II
EXECUTIVE DIRECTOR AND BOARD ROSTER
CSD 188

Agency Name:

Legal entity title as stated on Federal Tax ID Form, STD 204

Address:

Legal entity address as stated on Federal Tax ID Form, STD 204

Submitted by:

Person submitting form.

Effective Date:

Date entered into Contract with CSD and/or date of effective change(s) to the Executive Director Board Roster, CSD 188

Board Member information:

This should include submission of current board member names, their title, and sector. The address provided should be an address other than the Contractor's office and phone number should be the best reachable number per member. Please provide an email for each board member if applicable as well as identifying the total number of board seats as per your agency's board by-laws.

* Any changes to Roster are the Contractor's responsibility and CSD should be notified within thirty days of such occurrence. These changes should also be submitted electronically to Contractor's field representative. *

EXHIBIT E
(Standard Agreement)

ADDITIONAL PROVISIONS:

1. **FEDERAL CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND RELATED MATTERS**

Contractor hereby certifies to the best of its knowledge that it, any of its officers, or any subcontractor(s):

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency.
- B. Have not within a three (3) year period preceding this Agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or State antitrust statutes; commission of embezzlement, theft, forgery, or bribery; falsification or destruction of records; making false statements; or receiving stolen property.
- C. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph B of this certification.
- D. Have not, within a three (3) year period preceding this Agreement, had one or more public (federal, state, or local) transactions terminated for cause or default.
- E. If any of the above conditions are true for the Contractor, any of its officers, or any subcontractor(s), Contractor shall describe such condition and include it as an attachment to this Exhibit E. Based on the description, CSD in its discretion may decline to execute this Agreement, or set further conditions of this Agreement. In the event any of the above conditions are true and not disclosed by Contractor, it shall be deemed a material breach of this Agreement, and CSD may terminate this Agreement for cause immediately pursuant to the termination provisions of State and federal law governing the CSBG program.
- F. As provided in EXHIBIT D, Paragraph 10.A. of this Agreement, Contractor must certify in writing to the best of its knowledge that any subcontractor(s) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency.

EXHIBIT E
(Standard Agreement)

2. PROCUREMENT

A. Contract Administration

- 1) Contractors shall administer this Agreement in accordance with all federal and State rules and regulations governing CSBG pertaining to procurement, including Office of Management and Budget (OMB) Circulars and amendments thereto, consistent with the general OMB compliance requirement in Exhibit A to this Agreement. Contractors shall establish, maintain, and follow written procurement procedures consistent with the procurement standards in OMB Circulars A-102 and A-110 and all additional provisions in this Agreement, including but not limited to a code of conduct for the award and administration of contracts and a procedure that provides, to the maximum extent practical, open and free competition.
- 2) Contractor shall not permit any organizational conflicts of interest or noncompetitive practices that may restrict or eliminate competition or otherwise restrain trade. In order to ensure objective subcontractor performance and eliminate unfair competitive advantage, individuals, or firms that develop or draft specifications, requirements, statements of work, invitations for bids, and/or requests for proposals shall be excluded from competing for such procurements. Contractor shall award any subcontract to the bidder or offeror whose bid or offer is responsive to the solicitation and is most advantageous to Contractor when considering price, quality, and other factors. Contractor's solicitations shall clearly set forth all requirements that the bidder or offeror shall fulfill in order for the bid or offer to be evaluated by the recipient.
- 3) Contractor assures that all supplies, materials, equipment, or services purchased or leased with funds provided by this Agreement shall be used solely for the activities allowed under this Agreement, unless a fair market value for such use is charged to the benefiting program and credited to this Agreement.
- 4) In addition to adhering to all OMB requirements and the Contractor's established procedures for all procurement transactions of any amount, for each purchase, lease, or subcontract for any articles, supplies, equipment, or services obtained from vendors or subcontractors where the per-unit cost or total value of contract exceeds \$5,000, three competitive quotations shall be obtained or adequate justification documented and maintained as to the absence of bidding. In cases of a bona fide emergency where awarding a subcontract is necessary for the immediate preservation of

EXHIBIT E
(Standard Agreement)

public health, welfare, or safety, documentation of the emergency will be sufficient in lieu of the three-bid process.

- 5) To ensure that significant procurement transactions are conducted in an open and freely competitive manner, Contractor shall comply with the following requirement:
 - a. Contractor shall prepare and submit a Request for Purchase/Lease Pre-Approval (CSD 558) to CSD at least fifteen (15) calendar days prior to executing the subcontract for each of the following procurement transactions:
 - i. Any articles, supplies, equipment or services having a per-unit cost in excess of \$5,000; or
 - ii. Any articles, supplies or equipment where the total contract amount exceeds \$100,000.
- 6) Noncompliance with any of the provisions in this Section 2 shall result in a disallowance of the costs of the procurement transaction.
- 7) Contractor assures that it shall exercise due care in the use, maintenance, protection, and preservation of state-owned property in Contractor's possession or any other property or equipment procured by Contractor with State funds. Such care shall include, but is not limited to, the following:
 - a. Maintaining insurance coverage against loss or damage to such property or equipment.
 - b. Ensuring that the legal ownership of any motor vehicle or trailer is in the name of the Contractor.

B. Limitation on Use of Funds

Contractor shall assure that funds received under this Agreement shall not be used for the purchase or improvement of land or for the purchase, construction, or permanent improvement of any building or other facility other than low-income weatherization or energy-related home repairs.

EXHIBIT E
(Standard Agreement)

3. AFFIRMATIVE ACTION COMPLIANCE

- A. Each Contractor or subcontractor with 50 or more employees and an agreement of \$50,000 or more shall be required to develop a written Affirmative Action Compliance Program.
- B. The written program shall follow the guidelines set forth in Title 41 CFR Section 60-1.40, Sections 60-2.10 through 60-2.32, Sections 60-250.1 through 60-250.33, and Sections 60-741.4 through 60-741.32.
- C. Each Contractor or subcontractor with less than 50 employees shall comply with Section 202 of Part II of Executive Order 11246, as amended by Executive Order 11375. Contractor shall ensure that subcontractors falling within the scope of this provision shall comply in full with the requirements thereof.

4. NONDISCRIMINATION COMPLIANCE

- A. Contractor's signature affixed hereon shall constitute a certification that to the best of its ability and knowledge will, unless exempted, comply with the nondiscrimination program requirements set forth in this section.
- B. Contractor hereby certifies compliance with the following:
 - 1) Federal Executive Order 11246, as amended by Executive Order 11375, relating to equal employment opportunity.
 - 2) Title VI and Title VII of the Civil Rights Act of 1964, as amended.
 - 3) Rehabilitation Act of 1973, as amended.
 - 4) Vietnam Era Veterans Readjustment Assistance Act of 1972, as amended.
 - 5) Title 41, Code of Federal Regulations (CFR), Chapter 60, Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor, as amended.
 - 6) Public Law 101-336, Americans with Disabilities Act of 1990, as amended.

EXHIBIT E
(Standard Agreement)

5. SPECIFIC ASSURANCES

A. Pro-Children Act of 1994

- 1) This Agreement incorporates by reference all provisions set forth in Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act).
- 2) Contractor further agrees that the above language will be included in any subcontracts that contain provisions for children's services and that all subcontractors shall certify compliance accordingly. For detailed explanation, see www.csd.ca.gov.
- 3) This Agreement incorporates by reference all provisions set forth in the Child Support Services and Referrals (Section 678 (b) 1998 CSBG Reauthorization Act)." For detailed explanation, see www.csd.ca.gov.

B. American-Made Equipment/Products

Contractor shall assure, pursuant to Public Law 103-333, Section 507, to the extent practicable, that all equipment and products purchased with funds made available under this Agreement shall be American made.

C. Federal and State Occupational Safety and Health Statutes

Contractor assures that it shall be in compliance with the provisions as set forth in Federal and State Occupational Safety and Health Statutes; the California Safe Drinking Water and Toxic Enforcement Act of 1986; Universal Waste Rule (Hazardous Waste Management System: Modification of the Hazardous Waste Recycling Regulatory Program); Final Rule; and Workers' Compensation laws.

D. Political Activities

- 1) Contractor shall refrain from all political activities if such activities involve the use of any funds that are the subject of this Agreement.
- 2) Contractor is prohibited from any activity that is designed to provide voters or prospective voters with transportation to the polls or to provide similar assistance in connection with an election if such activities involve the use of any funds that are subject to this Agreement.

EXHIBIT E
(Standard Agreement)

E. Lobbying Activities

- 1) Contractor shall refrain from all lobbying activities if such activities involve the use of any funds that are the subject of this Agreement or any other fund, programs, projects, or activities that flow from this Agreement.
- 2) If Contractor engages in lobbying activities, Contractor shall complete, sign and date the CERTIFICATION REGARDING LOBBYING/DISCLOSURE OF LOBBYING ACTIVITIES, EXHIBIT G, as required by the U.S. Department of Health and Human Services under 45 CFR Part 93.

6. RIGHT TO MONITOR, AUDIT, AND INVESTIGATE

- A. Any duly authorized representative of the federal or State government, which includes but is not limited to the State Auditor, CSD Staff, and any entity selected by CSD to perform inspections, shall have the right to monitor and audit Contractor and all subcontractors providing services under this Agreement through on-site inspections, audits, and other applicable means the State determines necessary.
- B. Contractor shall make available all reasonable information necessary to substantiate that expenditures under this agreement are allowable and allocable, including, but not limited to books, documents, papers, and records. Contractor shall agree to make such information available to the federal government, the State, or any of their duly authorized representatives including representatives of the entity selected by CSD to perform inspections, for examination, copying, or mechanical reproduction, on or off the premises of the appropriate entity upon a reasonable request.
- C. Any duly authorized representative of the federal or State government shall have the right to undertake investigations in accordance with Public Law 97-35, as amended.
- D. All agreements entered into by Contractor with audit firms for purposes of conducting independent audits under this Agreement shall contain a clause permitting any duly authorized representative of the federal or State government access to the working papers of said audit firm(s).

7. RECORD-KEEPING

- A. All records maintained by Contractor shall meet the OMB requirements contained in the following Circulars: A-102, Subpart C, ("Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local

EXHIBIT E
(Standard Agreement)

Governments”) or A-110, Subpart C, Nonprofit Organizations, whichever is applicable.

- B. Contractor shall maintain all records pertaining to this Agreement for a minimum period of three years after submission of the final report. However, Contractor shall maintain all such records until resolution of all audit and monitoring findings are completed.
- C. Contractor assures that employee and applicant records shall be maintained in a confidential manner to assure compliance with the Information Practices Act of 1977, as amended, and the Federal Privacy Act of 1974, as amended.

8. ADMINISTRATIVE HEARING FOR DENIAL OF CLIENT BENEFITS BY CONTRACTOR

- A. Contractor has read and agrees to strictly comply with Title 22 of the California Code of Regulations, Section 100751, as amended, which sets forth elements to be included in client benefit denial appeal procedures and shall advise individuals who have been denied assistance of their twenty (20) day right to appeal to the State for an administrative hearing pursuant to 42 USC 8624(b)(13), as amended.
- B. Within five (5) working days of receipt of an appeal from a client, CSD's Fair Hearings Officer shall schedule an administrative hearing to be conducted no later than thirty (30) calendar days from the receipt of the request.
- C. The client may withdraw request for appeal for administrative hearing at any time during the appeal process by rendering written or oral notice to the State. Where oral notice is given, such notice shall be confirmed in writing by the Parties.

9. CSBG TERMS, CONDITIONS AND PROVISIONS FISCAL YEAR 2012

A. Program Standards

The provisions of Public Law 105-285, Title II – Community Services Block Grant Program, Subtitle B – Community Services Block Grant Program of the Community Services Block Grant Act, the provision of the current approved Community Services Block Grant State plan, including all approved amendments or revision.

- B. Administrative Requirements in accordance with Title 45 of the Code of Federal Regulations (CFR).

45 CFR Part 16 – Procedures of the Departmental Grant Appeals Board;
45 CFR Part 30 – Claims Collection;

EXHIBIT E
(Standard Agreement)

45 CFR Part 76 – Debarment and Suspension from Eligibility for Financial Assistance (Nonprocurement);
45 CFR Part 80 - Nondiscrimination Under Programs Receiving Federal Assistance through the Department of Health and Human Services, Effectuation of Title VI of the Civil Rights Act of 1964;
45 CFR Part 81 - Practice and Procedure for Hearings Under Part 80 of this Title;
45 CFR Part 84 - Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving Federal Financial Assistance;
45 CFR Part 86 – Nondiscrimination on the Basis of Sex in Education Programs and Activities Receiving or Benefiting from Federal Financial Assistance;
45 CFR Part 87 – Equal Treatment for Faith-Based Organizations;
45 CFR Part 91 – Nondiscrimination on the Basis of Age in HHS Programs or Activities Receiving Federal Financial Assistance;
45 CFR Part 93 – New Restrictions on Lobbying;
45 CFR Part 96 – Block Grants;
45 CFR Part 97 – Consolidation of Grants to the Insular Areas;
45 CFR Part 100 – Intergovernmental Review of Department of Health and Human Services Programs and Activities

The above documents are hereby incorporated by reference into this Agreement. to access these documents, please visit www.csd.ca.gov

- C. In accordance with Public Law 103-333, the “Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act of 1995,” the following provisions are applicable to this grant award:

Section 507: “Purchase of American-Made Equipment and Products - It is the sense of the Congress that, to the greatest extent practicable, all equipment and products purchased with funds made available in this Act should be American-made.”

Section 508: “When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all States receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.”

- D. In accordance with Part C of Public Law 103-227, the “PRO-KIDS Act of 1994,” smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs

EXHIBIT E
(Standard Agreement)

wither directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions or facilities and used for inpatient drug and alcohol treatment.

- E. OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations and the Single Audit Act of 1984, as amended.

10. CENTRAL CONTRACTOR REGISTRATION AND UNIVERSAL IDENTIFIER (DUNS) REQUIREMENTS

- A. Contractor shall provide to CSD a nine-digit Data Universal Numbering System (DUNS) number and register/maintain active registration in Central Contractor Registration (CCR) as a prerequisite to execution of this Agreement and/or release of any funds under this Agreement. Contractor shall include its DUNS number and verification of CCR status with its Community Action Plan.

EXHIBIT F
(Standard Agreement)

DEFINITIONS

All terms used in this Agreement shall be those as defined in applicable federal and state law (see 42 U.S.C. § 9902 and Govt. Code § 12730) and regulation (see 45 C.F.R. Part 96 and 22 C.C.R. § 100601), or as more specifically defined as:

- Agreement: The complete contents of this contract entered into by and between the CSD and Contractor, including all rights, duties, and obligations whether expressed or implied required toward the legal performance of the terms hereof, and including all documents expressly incorporated by reference.
- Amendment: A formal change to the Agreement of a material nature including but not limited to the term, scope of work, or name change of one of the Parties, or a change of the maximum amount of this Agreement.
- Authorized Agent: The duly authorized representative of the Board of Directors of Contractor, and the duly elected or appointed, qualified, and acting officer of the State. In the case of Contractor, the State shall be in receipt of a board resolution affirming the agent's representative capacity to bind Contractor to the terms of this Agreement.
- Board of Directors: For the purposes of a private nonprofit Community Action Agency, Board of Directors refers to the tripartite board as mandated by 42 U.S.C. § 9910 and Government Code § 12751. For the purposes of a publicly governed Community Action Agency, Board of Directors refers to the tripartite advisory/administering board that is mandated by 42 U.S.C. § 9910 and California Government Code § 12752.1 and established by the political subdivision or local government.
- Community Action Agency: A public, or private nonprofit, agency that fulfills all requirements of Government Code § 12750.
- Contractor: The entity (partnership, corporation, association, agency, or individual) designated on the face sheet (STD 213) of this Agreement.
- CSD: The State of California Department of Community Services and Development.
- Equipment: An article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which

EXHIBIT F
(Standard Agreement)

equals or exceeds the lesser of the capitalization level established by the non-profit organization for financial statement purposes, or \$5000.

Final Allocation:

The actual amount of funds available to Contractor under this Agreement, as calculated pursuant to Government Code § 12759 after CSD receives the notice of grant award for the full allocation based on the appropriation by Congress for the related federal fiscal year, and as publicly announced by CSD's Director or designee, subsequent to the execution of this Agreement.

Limited Purpose
Agency (LPA):

A community-based nonprofit organization without a tripartite board, as defined in California Government Code § 12775 and 42 U.S.C. § 9921

Maximum Amount:

The dollar amount reflected on line 3 of the face sheet (STD 213) of this Agreement.

Modification:

An immaterial change to this Agreement that does not require an Amendment.

Native American
Indian program (NAI):

A tribal or other Native American Indian organization in an urban or rural off-reservation area, as defined in California Government Code section 12772, such as an Indian nonprofit organization, which meets the criteria of 'eligible entity' as defined in subdivision (g) of Section 12730. An NAI may be considered a 'public organization' for purposes of tripartite board requirements or other mechanisms of governance in accordance with 42 U.S.C. section 9910(b).

Parties:

CSD on behalf of the State of California, and the Contractor.

Program:

The Community Services Block Grant (CSBG) Program, 42 USC §§ 9901 et seq., as amended.

State:

The State of California Department of Community Services and Development.

Subcontractor:

An entity (partnership, tribe, corporation, association, agency, or individual) that enters into a separate contract or agreement with

EXHIBIT F
(Standard Agreement)

Contractor to fulfill direct program or administrative tasks in support of this Agreement.

Subcontract:

A separate contract or agreement entered into by and between Contractor and Subcontractor to fulfill direct program or administrative tasks in support of this Agreement.



EXHIBIT G

CERTIFICATION REGARDING LOBBYING

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FAMILY SUPPORT ADMINISTRATION

PROGRAM: Community Services Block Grant

PERIOD: January 1, 2012 through December 31, 2012

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award document for subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Title

Signature

Agency/Organization

Date

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete the form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

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| 1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance | 2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award | 3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of Last report _____ |
| 4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: _____ | 5. If Reporting Entity in No. 4 Is Subawardee, Enter Name and Address of Prime: Congressional District, if known: _____ | |
| 6. Federal Department/Agency: | 7. Federal Program Name/Description: CFDA Number, if applicable: _____ | |
| 8. Federal Action Number, if known: | 9. Award Amount, if known: \$ _____ | |
| 10. a. Name address of Lobbying Entity (if individual, last name, first, name, MI): | b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): | |
| (attach Continuation Sheet(s) SF-LLL-A, if necessary) | | |
| 11. Amount of Payment (check all that apply): \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned | 13. Type of Payment (check all that apply): <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____ | |
| 12. Form of Payment (check all that apply): <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature _____ value _____ | | |
| 14. Brief Description of Services Performed or to be Performed and Date(s) of Services, including officer(s), employee(s), or Member(s), contacted, for Payment indicated in Item 11: (attach Continuation Sheet(s) SF-LLL-A, if necessary) | | |
| 15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 16. Information requested through this form is authorized by Title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1353. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty for not less than \$10,000 and not more than \$100,000 for each such failure. | Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____ | |
| Federal Use Only: | | Authorized for Local Reproductions Standard Form - LLL |

DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET

Approved by OMB
0348-0046

Reporting Entity: _____ Page _____ of _____

INSTRUCTION FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and ZIP Code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
(b) Enter the full name of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budgets, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.